



Automated Medical Payments

# Medicaid Bulletin Colorado Title XIX

Fiscal Agent



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Medicaid Fiscal Agent  
Information on the Internet  
[coloradomedicaid.acs-inc.com](http://coloradomedicaid.acs-inc.com)

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

## Supply CMS and Local Codes

The Colorado Medicaid Program uses the Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration's (HCFA), Common Procedural Coding System (HCPCS) to identify Medicaid services.

This is the CMS and local code bulletin for Supply and Durable Medical Equipment (DME) services. The codes in this bulletin are **effective for services provided on and after January 1, 2002**. This document is a replacement of Medicaid Bulletin B0100089 (01/01). Insert this bulletin into the Provider Manual for reference. Coding updates and revisions will also be published in Medicaid bulletins.

### Correction to Bulletin # B0100109, New Medicaid Rates for Orthosis & Prosthesis

On page 9 of Bulletin # B0100109, the HCPCS code for Prosth sock with gel layer was incorrectly printed as L8517. The correct HCPCS code is L8417. We apologize for any inconvenience this error may have caused.

### New Medicaid Rates for Disposable Supply and Oxygen

The Colorado Medicaid Program has completed its review of the rates in the Durable Medical Equipment (DME) and Supply codes. New rates were implemented in the Rehab / Wheelchair and Orthosis & Prosthesis categories. This final phase includes Disposable Supply and Oxygen categories. Many product codes changed from the by-invoice type of reimbursement to a new fixed rate. Rates for other codes may have been adjusted either up or down. This newest set of rates is effective January 15, 2002.

Colorado Medicaid and representatives from the Colorado Association of Medical Equipment Suppliers (CAMES) have developed the new equipment and supply rate structure. The rates for many products are based on specific recommendations from the CAMES representatives.

Some products were priced based upon discounts from the Medicare allowable. New rates for other products are based on a percentage increase or decrease in the current Medicaid rate. The new rates were conducted within a budget-neutral framework.

The new rates for the Disposable Supply and Oxygen categories are included in this bulletin.

**The italicized code lines in the listing are the supply and oxygen codes that have new assigned rates.**

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## Approved CMS and Local Codes for Medicaid Billing – Supplies & Durable Medical Equipment

### Use of the HCPCS listing & special billing instructions

The following list of HCPCS (HCFA Common Procedural Coding System) codes has been approved by the Colorado Department of Health Care Policy and Financing for use in submitting claims for medical supplies and durable medical equipment (DME) to the Colorado Medicaid Program. Use this list when completing Medicaid claims. Updates and revisions will be made available through future Medicaid Bulletins.

Read the following information carefully:

#### A. General Billing Information

- AMP claims: Supply/DME services are submitted on the electronic Colorado 1500 format.  
Pharmacies billing for supplies/equipment submit on the electronic Colorado 1500 format.
- Paper claims: Supply/DME services are submitted on the Colorado 1500 claim form.  
Pharmacies billing for supplies/equipment submit on the Colorado 1500 claim form.

Most DME and medical supplies provided to hospitalized individuals, persons residing in nursing facilities or group homes, and dialysis facilities must be provided by the facility and cannot be submitted for direct payment to the medical supplier or pharmacy. Charges for oxygen contents and certain oxygen delivery systems for nursing facility and group home residents must be billed by the supply provider. Procedure codes for oxygen services provided to nursing facility residents are included in this list.

#### B. Capped Rental

1. Deleted procedure codes for capped rental items remain in effect for Medicare X-over claims only. These procedure codes should not be used except for paid X-over claims.
2. Medicaid does not pay for any charges after Medicare has paid for purchase or capped rental of durable medical equipment.
3. Rebates: If a rebate is available for any product, the provider is responsible for doing one of the following:
  - Instant: Cost must reflect Usual and Customary charge minus the rebate received or anticipated from the manufacturer.
  - Mail-in: Obtainable by mail shall indicate the purchaser to be the:  
Colorado Medicaid Program  
1575 Sherman Street  
Denver CO 80203-1714
4. Medicaid processes maintenance charges for capped rental or purchased items approved by Medicare.

State sales tax: Providers cannot bill for state sales tax collection, but may bill for recovery of sales tax paid to manufacturer and distributors.

#### C. Billing for "Fee Schedule" Services

Under Federal Law and State Regulations, providers are reminded that the Medicaid Program shall not be billed amounts in excess of that charged to non-Medicaid clients (42 CFR 447).

Providers are requested to submit their Usual and Customary charges to the Medicaid Program.

#### D. Billing for "By Invoice" Services

Effective 10/01/01, providers submitting claims for which acquisition costs will be utilized as a basis for reimbursement are subject to the following requirements:

- Billed amounts may not exceed the actual acquisition costs of the item.
- Actual acquisition costs are defined as the manufacturer's list price for the item less any standard trade discount applied to lower the actual cost to the provider but excluding any time sensitive or otherwise conditional discounts available to the provider.
- Copies of invoices documenting actual acquisition costs shall be maintained in the provider's files in accordance with Department regulations.

Failure to meet the requirements may place the provider in jeopardy of recovery actions and/or State or Federal civil sanctions. Misrepresentation of actual acquisition costs could result in State or Federal, civil, or criminal sanctions.

**REQUIREMENTS FOR WHEELCHAIR PURCHASE & EQUIPMENT REPAIRS**

**Important - prior authorization requests and claims for wheelchair purchase and equipment repair require the following:**

1. Prior authorization requests (PARs) for wheelchair purchase (manual, power or 3-wheeled) must identify the model and manufacturer in field 16 on the PAR form.
2. PARs for equipment repair must identify the serial number of the equipment in field 12 on the PAR form.
3. Wheelchair purchase or equipment repair claims must either identify the serial number in field 30 on the paper claim, or if billing through the AMP system, the serial number must be kept in the provider records. Effective September 1, 1997, a physician's prescription is no longer required for wheelchair repairs, and no physician signature is required on repair PARs.

**HCPCS CODING MANUAL INFORMATION**

**Code column:**

CMS and local codes consist of a letter followed by four numbers. Read the entire entry to determine the benefit status of the item. Codes authorized for the Medicaid program may not correspond to codes approved for Medicare billing. This list contains approved Medicaid, CMS and local codes. Codes that do not appear in this listing are not benefits of the Medicaid program.

**Modifiers:**

Modifiers are used with HCPCS codes to describe circumstances that may change or alter payment. The following modifiers are approved for use with DME procedure codes and must be used when applicable:

Mod	Description																																
-XD	<p>Manufacturer's Invoice Price</p> <p>Use with supply/DME codes &amp; special procedure codes for invoiced tax, shipping &amp; handling fees when the billed charge represents the manufacturer's invoice price to a retail provider. Use -XD to identify invoiced shipping, invoiced tax, and the 20% Medicaid allowed handling fee.</p> <p>For example:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">MM/DD/YY</td> <td style="width: 15%; text-align: center;">K0002-XD</td> <td style="width: 40%;">Wheelchair (Cost from invoice)</td> <td style="width: 30%; text-align: right;">\$450.00</td> </tr> <tr> <td style="text-align: center;">MM/DD/YY</td> <td style="text-align: center;">X2125-XD</td> <td>Linear Seating System (Cost from invoice)</td> <td style="text-align: right;">\$800.00</td> </tr> <tr> <td style="text-align: center;">MM/DD/YY</td> <td style="text-align: center;">X2360-XD</td> <td>Handling</td> <td style="text-align: right;">\$250.00</td> </tr> <tr> <td></td> <td></td> <td>(20% of cost for both items)</td> <td></td> </tr> <tr> <td style="text-align: center;">MM/DD/YY</td> <td style="text-align: center;">X2355-XD</td> <td>Invoiced tax</td> <td style="text-align: right;">\$ 82.00</td> </tr> <tr> <td></td> <td></td> <td>(Invoiced tax for both items)</td> <td></td> </tr> <tr> <td style="text-align: center;">MM/DD/YY</td> <td style="text-align: center;">X2350-XD</td> <td>Invoiced shipping charges</td> <td style="text-align: right;">\$100.00</td> </tr> <tr> <td></td> <td></td> <td>(Invoiced shipping for both items)</td> <td></td> </tr> </table>	MM/DD/YY	K0002-XD	Wheelchair (Cost from invoice)	\$450.00	MM/DD/YY	X2125-XD	Linear Seating System (Cost from invoice)	\$800.00	MM/DD/YY	X2360-XD	Handling	\$250.00			(20% of cost for both items)		MM/DD/YY	X2355-XD	Invoiced tax	\$ 82.00			(Invoiced tax for both items)		MM/DD/YY	X2350-XD	Invoiced shipping charges	\$100.00			(Invoiced shipping for both items)	
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-XR	<p>1st month DME rental</p> <p>Use with DME codes to identify non-prior authorized 1st month equipment rental provided while obtaining prior authorization for continued rental or for purchase. When purchased, reduce the billed amount for purchase by rental reimbursements received.</p>																																
-01	<p>DME rental on a per month basis.</p> <p>Unless otherwise noted in the Medicaid CMS &amp; Local Codes Bulletin, one item represents one month rental period. The claim date of service must represent the <b>last day</b> of the rental period.</p> <p><b>Note: Some items are available as a rental or purchase only. If the item is only available for rental, the HCPCS procedure code includes the -01 modifier as part of the listed code.</b></p>																																

**Narrative column:**

A description of the service. When possible and appropriate, the description of the item includes a notation of the billing unit. Example: A4246 Betadine, per pint. One item represents one pint of Betadine. If the item description does not identify the billing unit for miscellaneous items, add sufficient information on the claim form to identify the billing unit. For disposable supplies, one billing unit represents one item unless otherwise noted. Example: A box of 200 lancets would be billed as 200 items.

**PAR column:** The prior authorization status of the identified item.

Yes A request for prior authorization should be submitted & approved **before the item/service is provided**. Claims for items that have not received prior authorization approval will be denied.

**Note:** *Procedures identified by \* (asterisk) are reviewed by CFMC (Colorado Foundation for Medical Care)*. Prior Authorizations for these items should be sent directly to CFMC at:

CFMC  
Attention: Medicaid/DME PARs  
P.O. Box 17300  
Denver, CO 80217-0300

No The identified item is a regular Medicaid benefit that does not require special authorization when provided to an eligible Medicaid client.

Conditional The item requires prior authorization under certain circumstances. See the Comments section next to the item for an explanation of the circumstances.

**Prior Authorization Requests (PARs) must be approved before claims are submitted. PAR approval does not guarantee Medicaid payment and does not serve as a timely filing waiver.** PAR approval only assures that the service has been identified as medically necessary. All of the requirements for eligibility and proper claim submission must be met before reimbursement will be made. The provider is responsible for verifying the client's eligibility status on the date of service and securing appropriate primary care physician authorizations and billing information.

Prior authorization does not apply to Medicare X-over claims. If Medicare approves benefits, Medicaid does not require prior authorization. If the item is not a Medicare benefit, the claim must meet all Medicaid billing requirements including prior authorization, if applicable.

**Maximum allowable purchase column:**

Any dollar amount: Purchase benefit is available up to the identified dollar amount maximum.

Bl: Benefit payment is available and based upon a manufacturer's invoice to be maintained in the provider's files. With proper claim completion, payment may include the cost of acquisition from a manufacturer or a wholesale vendor, and an allowance of up to 20% handling plus any invoiced shipping and sales tax. By invoice codes require the -XD modifier.

n/a: Benefit for purchase of the identified item is not allowed.

**Maximum allowable rental column:**

Any dollar amount: Rental benefit is available up to the identified dollar amount maximum. Accessories, maintenance, and repairs are inclusive in the cost of the rental item.

n/a: Benefit for rental of the identified item is not allowed.

Per PAR: Rental payment is based upon attachment of a manufacturer's invoice to the prior authorization request (PAR). Reimbursement will be determined at the time of PAR approval as a percentage of invoice cost. A copy of the PAR must be attached to each submitted claim only if the PAR indicates the amount of reimbursement allowable in the Comments field. Otherwise, they can be billed through the AMP system. All prior authorized miscellaneous codes approved for rental must have a copy of the approved PAR attached to each submitted claim.

**Comments column:**

Expands on the description and identifies any required special billing instruction and procedures requiring prior authorization. The notation "Deleted" means that the code is invalid effective the day following the date shown in the "Comments" column. Newly added codes become effective on the date shown. Procedure codes deleted effective 12/31/01 can be used only on Medicare X-over claims and PARs approved prior to 01/01/02. Some procedure code narratives have been expanded to include the dialysis description. These procedures may be used for other diagnoses when medically necessary.

**Codes for DME Invoice Charges**

Use the following special procedure codes for invoiced tax, shipping & handling fees when the billed charge represents the manufacturer's invoice price to a retail provider.

CODE	NARRATIVE	PAR	COMMENTS
X2350	DME invoiced shipping	No	Use to bill shipping charge shown on invoiced DME Item. Bill the shipping charge shown on the manufacturer's invoice.
X2355	DME invoiced tax	No	Use to bill tax that supplier paid to obtain the DME item. Bill the tax amount shown on the manufacturer's invoice. Sales tax is not billable to the Colorado Medicaid program.
X2360	DME handling fee, 20% of manufacturer's invoice cost	No	Use to bill supplier's handling fee for the DME item. Bill up to 20% of the DME cost shown on the manufacturer's invoice.

**The following listing is divided into sections to assist providers who bill for specific types of service. If you have questions about billing or the use of the listing, please contact Medicaid Provider Services.**

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
<b><u>AMBULATION DEVICES – GENERAL USE</u></b>					
<b><u>Canes</u></b>					
E0100	Cane, all materials, adjustable or fixed with tip	No	18.83	n/a	
E0105	Cane, quad or three prong, all materials, adjustable or fixed with tips	No	39.40	11.19	
<b><u>Crutches</u></b>					
E0110	Crutches, forearm, all materials, adjustable or fixed, complete with tips & handgrips, pair	No	98.33	14.59	1 item = 1 pair
E0111	Crutches, forearm, all materials, adjustable or fixed, with tip & handgrip, each	No	51.56	14.59	1 item = 1 crutch
E0112	Crutches, underarm, wood, adjustable or fixed, with pads, tips & handgrips, pair	No		13.76	1 item = 1 pair
E0113	Crutches, underarm, wood, adjustable or fixed, with pad, tip & handgrip, each	No		6.88	1 item = 1 crutch
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair with pads, tips and handgrips	No	38.34	13.76	1 item = 1 pair
E0116	Crutch, underarm, other than wood, adjustable or fixed, each with pad, tip and handgrips	No	19.16	6.88	1 item = 1 crutch
<b><u>Walkers</u></b>					
E0130	Walker, rigid (pickup), adjustable or fixed height, each	No	52.50	n/a	
E0135	Walker, folding (pickup), adjustable or fixed height, each	No	73.31	n/a	
E0141	Rigid walker, wheeled, without seat	No	109.97	n/a	
E0142	Walker, rigid, wheeled, with seat, each	No	164.01	n/a	
E0143	Walker, folding, wheeled, without seat, each	No	114.68	n/a	
E0144	Enclosed, framed folding walker, wheeled, with posterior seat	Yes	303.75	n/a	
E0145	Walker, wheeled, with seat & crutch attachments, each	No	52.00	n/a	
E0146	Folding walker, wheeled, with seat	No	52.00	n/a	
E0147	Walker, heavy duty, variable wheel resistance with multiple braking system, each	Yes	239.00	n/a	
E0148	Heavy duty walker, without wheels, rigid or folding, any type, each	Yes	BI	n/a	
E0149	Heavy duty wheeled walker, rigid or folding, any type, each	Yes	BI	n/a	
<b><u>Accessories for ambulation devices</u></b>					
A4635	Underarm pad replacement, crutch, each	No	4.58	n/a	
A4636	Handgrip replacement, cane, crutch or walker, each	No	4.01	n/a	
A4637	Tip replacement, cane, crutch or walker, each	No	2.00	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0153	Platform attachment, forearm crutch, each	No	81.67	n/a	
E0154	Platform attachment, walker, each	No	85.00	n/a	
E0155	Wheel attachment, rigid pick-up walker, per pair	No	51.87	n/a	1 unit = 1 pair
E0156	Seat attachment, walker, each	No	33.00	n/a	
E0157	Crutch attachment, walker, each	No	69.90	n/a	
E0158	Leg extensions for walker, per set of four (4)	No	36.00	n/a	1 unit = 1 set of four (4)
E0159	Brake attachment for wheeled walker, replacement, each	No	45.00	n/a	
<b><u>BATH AND BATHROOM EQUIPMENT - GENERAL USE</u></b>					
<b><u>Bath equipment</u></b>					
E0160	Sitz type bath, portable, fits over commode seat, each	Yes	21.52	Per PAR	Limited to EPSDT program, up to age 20.
E0163	Commode chair, stationary, with fixed arms, each	No	80.00	n/a	
E0164	Commode chair, mobile, with fixed arms, each	Yes	173.03	20.00	
E0165	Commode chair, stationary, with detachable arms, each	Yes	210.00	21.00	
E0166	Commode chair, mobile, with detachable arms, each	Yes	252.60	21.00	
E0168	Extra wide and/or heavy duty commode chair, stationary or mobile, with or without arms, any type, each	Yes	BI	n/a	
E0169	Commode chair with seat lift mechanism	Yes	BI	n/a	Effective 01/01/02
E0167	Pail or pan for use with commode chair, each	No	12.50	n/a	Purchase for client owned equipment only.
E0175	Foot rest, for use with commode chair, each	No	80.32	n/a	Purchase for client owned equipment only.
E0235	Paraffin bath unit, portable, each	Yes	129.87	12.50	Use A4265 for paraffin.
E0241	Bathtub wall rail, each	Yes	20.33	n/a	
E0242	Bathtub rail, floor base, each	Yes	125.00	n/a	
E0243	Toilet rail, each	Yes	33.61	n/a	
E0244	Toilet seat, raised, each	Yes	28.00	n/a	
E0245	Tub stool or bench, each	Yes	50.00	n/a	Use X2065 for transfer bench.
X2065	Transfer bench, each	Yes	93.50	n/a	Use E0245 for tub stool or bench, unpadded.
X2072	Tub stool or bench, padded, each	Yes	168.00	n/a	
X2074	Transfer bench, padded, each	Yes	175.00	n/a	
X2076	Toilet seat, padded, raised, each	Yes	120.00	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0246	Transfer tub rail attachment, each	Yes	48.00	n/a	
E0625	Patient lift, kartop, bathroom or toilet, each	Yes	800.00	60.54	Lift for bathtub, includes seat
X2078	Hand held shower	Yes	33.00	n/a	
X2079	Shower commode chair	Yes	BI	n/a	
X2070	Miscellaneous bath equipment not otherwise specified	Yes	BI	n/a	Must be submitted on paper.
<b><u>Whirlpool equipment</u></b>					
E1300	Whirlpool, portable (over tub type)	Yes	185.00	n/a	
<b><u>BED AND BEDROOM EQUIPMENT - GENERAL USE</u></b>					
<b><u>Beds</u></b>					
E0194-01	Bed, powered air flotation (low air loss therapy), per day	Yes	n/a	90.55	Air Fluidized, Clinitron. 1 item = 1 day rental. Includes all necessary disposable supplies. Requires Questionnaires #1 & #2. See Appendices E & F.
E0250	Hospital bed, fixed height, with any type side rails, with mattress	Yes	750.00	75.00	Requires Questionnaire # 1. See Appendix E.
E0255	Hospital bed, variable height, Hi-Lo, with any type side rails, with mattress	Yes	750.00	75.00	Requires Questionnaire # 1. See Appendix E.
E0260	Hospital bed, semi-electric (head & foot adjustment), with any type side rails, with mattress	Yes	1050.00	112.00	Requires Questionnaire # 1. See Appendix E.
E0265	Hospital bed, total electric (head, foot & height adjustments) with any type side rails, with mattress	Yes	1050.00	112.00	Requires Questionnaire # 1. See Appendix E.
E0270	Hospital bed, institutional type includes: oscillating, circulating & stryker frame, with mattress	Yes	BI	175.00	Requires Questionnaire # 1. See Appendix E.
E0298	Hospital bed, heavy duty, extra wide, with any type side rails, with mattress	Deleted			Deleted 12/31/01.
X2088-01	Roto-electric bed, per day	Yes	n/a	100.00	1 item = 1 day rental
E0462-01	Rocking bed with or without side rails, per day	Yes	n/a	97.00	1 item = 1 day rental
E0280	Bed, cradle, any type	Yes	100.00	16.00	
<b><u>Mattresses &amp; pads</u></b>					
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	Yes	55.26	n/a	Purchase for client owned equipment only.
E0179	Dry pressure pad or cushion, non-positioning	No	5.26	n/a	e.g., egg crate
E0180	Pressure pad, alternating, with pump	Yes	180.00	34.21	Requires Questionnaire #2. See Appendix F.
E0181	Pressure pad, alternating, with pump, heavy duty	Yes	195.00	40.00	Requires Questionnaire #2. See Appendix F.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0182	Pump for alternating pressure pad	Yes	150.00	34.21	
E0271	Mattress, innerspring	Yes	195.00	14.00	Purchase for client owned hospital bed only.
E0272	Mattress, foam rubber	Yes	187.81	14.00	Purchase for client owned hospital bed only. Requires Questionnaire #2. See Appendix F.
E0277	Powered pressure-reducing air mattress	Yes	BI	Per PAR	Requires Questionnaire #2. See Appendix F.
E0184	Mattress, dry flotation	Yes	157.85	13.00	Purchase for client owned hospital bed only. Requires Questionnaire #2. See Appendix F.
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	Yes	250.00	13.00	Requires Questionnaire #2. See Appendix F.
E0186	Mattress, air pressure	Yes	BI	13.00	Purchase for client owned bed only. Requires Questionnaire #2. See Appendix F.
E0187	Mattress, water pressure	Yes	BI	13.00	Purchase for client owned bed only. Requires Questionnaire #2. See Appendix F.
E0188	Sheepskin pad, synthetic	Yes	15.86	n/a	
E0189	Sheepskin pad, lambs wool, any size	Yes	BI	n/a	
E0191	Heel or elbow protector, each	Yes	11.23	n/a	
E0192	Low pressure and positioning equalization pad for wheelchair	Yes	400.00	n/a	
E0193-01	Air fluidized bed, per day	Yes	n/a	65.00	Air loss bed. Jay, Roho, Stimulate, Therapulse, Kinaire, Flexicair. 1 item = 1 day rental.
E0196	Mattress, Gel pressure	Yes	350.00	13.00	Purchase for client owned bed only. Requires Questionnaire #2. See Appendix F.
E0197	Air pressure pad for mattress, standard mattress length and width	Yes	250.00	n/a	Requires Questionnaire #2. See Appendix F.
E0370	Air pressure elevator for heel	Yes	BI	n/a	
E0371	Non-powered advanced pressure reducing overlay for mattress, standard mattress length and width	Yes	BI	n/a	Requires Questionnaire #2. See Appendix F.
E0372	Powered air overlay for mattress, standard mattress length and width	Yes	BI	n/a	Acucair, 1" step. Requires Questionnaire #2. See Appendix F.
E0373	Non-powered advanced pressure reducing mattress	Yes	BI	n/a	Jay, Roho, Rik. Requires Questionnaire #2. See Appendix F.
E0198	Water pressure pad for mattress, standard mattress length and width	Yes	BI	n/a	Requires Questionnaire #2. See Appendix F.
E0199	Dry pressure pad for mattress, standard mattress length and width	No	BI	n/a	e.g., egg crate, Geo mattress

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
X2045	Mattresses & pads, miscellaneous	Yes	BI	Per PAR	Must submit manufacturer's invoice with PAR. Rental and purchase based on percentage of invoice & rate will be determined at the time of PAR approval. PAR copy must be submitted with claim. Claim and PAR must be submitted on paper. Requires Questionnaire #2. See Appendix F.
	<b><u>Accessories/safety equipment</u></b>				
E0273	Bedboard	Yes	100.00	n/a	
E0275	Bedpan, standard, metal or plastic	No	10.00	n/a	
E0276	Bedpan, fracture, metal or plastic	No	5.25	n/a	
E0305	Bed side rails, half length, pair	Yes	175.00	17.00	
E0310	Bed side rails, full length, pair	Yes	175.00	17.00	
E0315	Bed accessory: board, table, or support device any type	Yes	BI	17.00	
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Yes	BI	n/a	Effective 01/01/02.
E0325	Urinal, male, jug-type, any material, each	No	4.50	n/a	
E0326	Urinal, female, jug-type, any material, each	No	8.00	n/a	
E0700	Safety equipment (e.g., belt, harness or vest)	Yes	BI	n/a	
E0710	Restraints, any type (body, chest, wrist or ankle)	Yes	BI	n/a	
	<b><u>Lifts</u></b>				
E0621	Sling or seat, patient lift, canvas or nylon	Yes	BI	n/a	Purchase for client owned equipment only.
E0625	Patient lift, kartop, bathroom or toilet	Yes	800.00	60.54	Lift for bathtub, includes seat.
E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism	Yes	575.00	n/a	Requires Questionnaire # 4. See Appendix H.
E0628	Separate seat lift mechanism for use with patient owned furniture, electric	Yes	BI	n/a	Purchase for client owned equipment only. Requires Questionnaire # 4. See Appendix H.
E0629	Separate seat lift mechanism for use with patient owned furniture, non-electric	Yes	BI	n/a	Purchase for client owned equipment only. Requires Questionnaire # 4. See Appendix H.
E0630	Patient lift, hydraulic, with seat or sling	Yes	957.00	60.54	Requires Questionnaire # 3. See Appendix G.
E0635	Patient lift, electric, with seat or sling	Yes	BI	55.00	Requires Questionnaire # 3. See Appendix G.
E1035	Multi-positional patient transfer system, with integrated seat operated by caregiver	Yes	BI	n/a	Requires Questionnaire # 3. See Appendix G.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
<b><u>Repairs/labor</u></b>					
E1340	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	Yes	15.50	n/a	Cost of repair cannot exceed cost to purchase replacement equipment. Serial number of the equipment being repaired must be identified in field 12 of the PAR. Paper claims must include serial number. <u>If codes are available to identify specific components, they must be used</u> (e.g., tires, upholstery, batteries, etc.). 1 unit = 15 minutes Annual maximum 480 units or 120 hours of service. (Average 40 units or 10 hours of service per month.)
X2230	Labor, dealer preparation	Yes	15.50	n/a	Limited to specialized, detailed or complex work in the initial preparation of a product. 1 unit = 15 minutes. Annual maximum of 32 units or 8 hours of service. Use E1340 for general repairs beyond the initial product preparation.
X2975	Repairs & labor to client owned equipment costing less than \$150.00 in a 6-month period	No	150.00	n/a	Quick minor repairs to DME products. In addition to labor, the costs of minor parts may be included under this code. Limited to a maximum reimbursement of \$150.00 every 6 months. Paper claims must include serial numbers.

**CHAIRS, WHEELCHAIRS, ACCESSORIES – GENERAL USE**

Providers are instructed to submit the HCPCS code most closely describing the wheelchair or related equipment being requested on the Request for Prior Authorization form. The Department reserves the right to amend the coding for any approved item. **See Appendices A and B for brand and models appropriate for each code.** If a brand or model does not appear in Appendix A or B, follow Medicare procedures regarding weight and measurements to code appropriately.

**Note:** Deleted procedure codes effective 12/31/01 can only be used on Medicare X-over claims and PARs authorized prior to 01/01/02.

Requests for Prior Authorization of chairs and wheelchairs must include in Field 16 the manufacturer and the model number being requested. If not included, the PAR shall be considered incomplete, and will be returned to the provider for the missing information. If the PAR does not identify special billing instructions, the claim can be billed through the AMP system. If billing through the AMP system for an approved item, the provider must keep the serial number of the item provided in their records. If billing on a paper claim, the provider must include the serial number in Field 30 of the Colorado 1500 claim form.

**Chairs**

X2003	Specialized stroller	Yes	BI	n/a
X2110	Mulholland growth guidance chair	Yes	BI	n/a

**Wheelchairs - motorized/powered vehicles**

E1230	Power operated vehicle, three or four wheel non-highway	Yes	2,100.00	123.50	Must indicate brand name & model number in field 16 of the PAR. Paper claims must include serial number.
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Reference B0200121 (02/02)

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
<b><u>Wheelchair accessories</u></b>					
A4631	Replacement batteries for medically necessary electronic wheelchair owned by patient	No	70.00	n/a	Purchase for client owned equipment only.
E0176	Air pressure pad or cushion, non-positioning	Yes	100.72	n/a	Must identify manufacturer in field 16 of the PAR.
E0177	Water pressure pad or cushion, non-positioning	Yes	88.46	n/a	Must identify manufacturer in field 16 of the PAR.
E0178	Gel or gel-like pressure pad or cushion, non-positioning	Yes	115.74	n/a	Must identify manufacturer in field 16 of the PAR.
E0180	Pressure pad, alternating with pump	Yes	180.00	34.21	
E0181	Pressure pad, alternating with pump, heavy duty	Yes	195.00	40.00	
E0182	Pump for alternating pressure pad	Yes	150.00	34.21	
E0188	Sheepskin pad, synthetic	Yes	15.86	n/a	
E0189	Sheepskin pad, lambs wool, any size	Yes	BI	n/a	
E0191	Heel or elbow protector, each	Yes	11.23	n/a	
E0192	Low pressure & positioning equalization pad for wheelchair	Yes	400.00	n/a	e.g., Roho, Jay, Stimulate, Vicair.
X2100	Cushion Covers	Yes	52.00	n/a	e.g., Roho, Jay, Stimulate
E0710	Restraints, any type (body, chest, wrist, ankle)	Yes	BI	n/a	
E0962	Cushion, 1" for wheelchair	Yes	56.74	n/a	e.g., foam
E0963	Cushion, 2" for wheelchair	Yes	68.71	n/a	e.g., foam
E0964	Cushion, 3" for wheelchair	Yes	68.71	n/a	e.g., foam
E0965	Cushion, 4" for wheelchair	Yes	68.71	n/a	e.g., foam
E0968	Commode seat, wheelchair	Yes	BI	n/a	
E0969	Narrowing device, wheelchair	Yes	182.00	n/a	
E0977	Wedge cushion for wheelchair	Yes	53.03	n/a	For positioning.
E0980	Safety vest	Yes	80.00	n/a	
E0997	Caster with fork	Conditional	BI	n/a	PAR required for purchase but not required for repair.
E0998	Caster without fork	Yes	BI	n/a	
E1069	Deep cycle battery	Conditional	70.00	n/a	PAR required for purchase but not required for repair.
K0460	Power add-on, to convert manual wheelchair to motorized wheelchair, joystick control	Yes	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
K0461	Power add-on, to convert manual wheelchair to power operated vehicle, tiller control	Yes	BI	n/a	
E1340	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	Yes	15.50	n/a	Cost of repair cannot exceed cost to purchase replacement equipment. Serial number of the equipment being repaired must be identified in field 12 of the PAR. Paper claims must include serial number. <u>If codes are available to identify specific components, they must be used (e.g., tires, upholstery, batteries, etc.).</u> 1 unit = 15 minutes Annual maximum 480 units or 120 hours of service. (Average 40 units or 10 hours of service per month.)
X2230	Labor, dealer preparation	Yes	15.50	n/a	Limited to specialized, detailed or complex work in the initial preparation of a product. 1 unit = 15 minutes. Annual maximum of 32 units or 8 hours of service. Use E1340 for general repairs beyond the initial product preparation.
X2975	Repairs & labor to client owned equipment costing less than \$150.00 in a 6 month period	No	150.00	n/a	Quick minor repairs to DME products. In addition to labor, the costs of minor parts may be included under this code. Limited to a maximum reimbursement of \$150.00 every 6 months. Paper claims must include serial numbers.
K0462-01	Temporary replacement for patient owned equipment being repaired, any type	Yes	n/a	150.00	
E1399	Miscellaneous durable medical equipment	Yes	BI	Per PAR	<b>Important, please note:</b> Use only for miscellaneous wheelchair equipment. Charges over \$35.00 require invoice. Rental benefit based upon attached manufacturer's invoice as a percentage of invoice cost. Copy of approved PAR must be attached to each submitted claim. Must be submitted on paper.
<b><u>Wheelchairs - "K" codes</u></b>					
Providers are instructed to submit the HCPCS code most closely describing the wheelchair or related equipment being requested on the Request for Prior Authorization form. The Department reserves the right to amend the coding for any approved item. <b>See Appendix A for brand and models appropriate for each code.</b> If a brand or model does not appear in Appendix A, follow Medicare procedures regarding weight and measurements to code appropriately.					
K0001	Standard wheelchair	Yes	571.73	50.00	See Appendix A.
K0002	Standard Hemi (low seat) wheelchair	Yes	618.71	50.00	See Appendix A.
K0003	Lightweight wheelchair	Yes	746.00	50.00	See Appendix A.

Reference B0200121 (02/02)

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
K0004	High strength, lightweight wheelchair	Yes	800.00	55.00	See Appendix A.
K0005	Ultra lightweight wheelchair	Yes	1500.00	55.00	See Appendix A.
K0006	Heavy duty wheelchair	Yes	956.00	58.00	Client greater than 200 lbs. See Appendix A.
K0007	Extra heavy duty wheelchair	Yes	BI	58.00	Client greater than 300 lbs. See Appendix A.
K0008	Custom manual wheelchair/base	Deleted			Deleted 12/31/01.
K0009	Other manual wheelchair/base	Yes	BI	n/a	e.g., Tilt in Space. See Appendix A.
K0010	Standard - weight frame motorized/power wheelchair	Yes*	4200.00	135.00	See Appendix A.
K0011	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Yes*	5052.00	135.00	See Appendix A.
K0012	Lightweight portable motorized/power wheelchair	Yes*	4100.00	135.00	See Appendix A.
K0013	Custom motorized/power wheelchair base	Deleted			Deleted 12/31/01.
K0014	Other motorized/power wheelchair base	Yes*	BI	n/a	See Appendix A.
K0015	Detachable, non-adjustable height armrest, each	Yes	173.31	n/a	1 item = 1 armrest
K0016	Detachable, adjustable height armrest, complete assembly, each	Yes	145.53	n/a	1 item = 1 armrest
K0017	Detachable, adjustable height armrest, base, each	Yes	92.80	n/a	1 item = 1 armrest
K0018	Detachable, adjustable height armrest, upper portion each	Yes	50.49	n/a	1 item = 1 armrest
K0019	Arm pad, each	Yes	14.00	n/a	For repair only. 1 item = 1 arm pad
K0020	Fixed, adjustable height armrest, pair	Yes	98.20	n/a	1 item = 1 pair
K0021	Anti-tipping device, each	Yes	32.00	n/a	1 item = 1 device
K0022	Reinforced back upholstery	Yes	60.00	n/a	1 item
K0023	Solid back insert, planar back, single density foam, attached with straps	Yes	89.75	n/a	1 item = 1 insert
K0024	Solid back insert, planar back, single density foam, with adjustable hook-on hardware	Yes	246.50	n/a	1 item = 1 insert
K0025	Hook-on headrest extension	Yes	65.00	n/a	1 item = 1 extension
K0026	Back upholstery for ultra lightweight or high strength lightweight wheelchair	Yes	68.85	n/a	1 item = 1 upholstery
K0027	Back upholstery for wheelchair type other than ultra lightweight or high strength lightweight wheelchair	Yes	47.20	n/a	1 item = 1 upholstery
K0028	Manual, fully reclining back	Yes	BI	26.45	1 item
K0029	Reinforced seat upholstery	Yes	60.00	n/a	1 item
K0030	Solid seat insert, planar seat, single density foam	Yes	87.79	n/a	1 item = 1 insert

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
X2105	Hook in solid seat insert	Yes	BI	n/a	1 item = 1 insert.
K0031	Safety belt/pelvic strap, each	Yes	29.00	n/a	1 item = 1 strap
K0032	Seat upholstery for ultra lightweight or high strength lightweight wheelchair	Yes	76.90	n/a	1 item = 1 upholstery
K0033	Seat upholstery for wheelchair type other than ultra lightweight or high strength lightweight wheelchair	Yes	47.20	n/a	1 item = 1 upholstery
K0034	Heel loop, each	Yes	15.00	n/a	1 item = 1 heel loop
K0035	Heel loop with ankle strap, each	Yes	24.71	n/a	1 item = 1 heel loop with ankle strap
K0036	Toe loop, each	Yes	15.00	n/a	1 item = 1 toe loop
K0037	High mount flip-up footrest, each	Yes	170.00	n/a	1 item = 1 leg strap
K0038	Leg strap, each	Yes	26.35	n/a	1 item = 1 leg strap
K0039	Leg strap, H style, each	Yes	45.00	n/a	1 item = 1 leg strap
K0040	Adjustable angle footplate, each	Yes	80.20	n/a	1 item = 1 footplate
K0041	Large size footplate, each	Yes	50.47	n/a	1 item = 1 footplate
K0042	Standard size footplate, each	Yes	35.00	n/a	1 item = 1 footplate
K0043	Footrest, lower extension tube, each	Yes	19.07	n/a	For repair only.
K0044	Footrest, lower extension bracket, each	Yes	BI	n/a	For repair only.
K0045	Footrest, complete assembly	Yes	132.15	n/a	
K0046	Elevating leg rest, lower extension tube, each	Yes	18.55	n/a	For repair only.
K0047	Elevating leg rest, upper hanger bracket, each	Yes	165.77	n/a	For repair only.
K0048	Elevating leg rest, complete assembly	Yes	BI	n/a	1 item = 1 leg rest
K0049	Calf pad, each	Yes	25.00	n/a	1 item = 1 calf pad
K0050	Ratchet assembly	Yes	24.40	n/a	For repair only.
K0051	Cam release assembly, footrest or leg rest, each	Yes	10.93	n/a	For repair only.
K0052	Swingaway, detachable footrests, each	Yes	62.30	n/a	New or repair.
K0054	Seat width of 10", 11", 12", 15", 17", or 20" for a high strength, lightweight or ultra lightweight wheelchair	Yes	BI	n/a	
K0055	Seat depth of 15", 17", or 18" for a high strength, lightweight or ultra lightweight wheelchair	Yes	BI	n/a	
K0056	Seat height < 17" or equal to or greater than 21" for a high strength, lightweight, or ultra lightweight wheelchair	Yes	BI	n/a	
K0057	Seat width 19" or 20" for heavy duty or extra heavy duty chair	Yes	BI	n/a	
K0058	Seat depth 17" or 18" for motorized/power wheelchair	Yes	BI	n/a	

Reference B0200121 (02/02)

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
K0059	Plastic coated handrim, each	Yes	72.37	n/a	
K0060	Steel handrim, each	Yes	52.20	n/a	For repair only.
K0061	Aluminum handrim, each	Yes	64.90	n/a	For repair only.
K0062	Handrim with 8-10 vertical or oblique projections, each	Yes	97.50	n/a	1 item = 1 handrim
K0063	Handrim with 12-16 vertical or oblique projections, each	Yes	97.50	n/a	
K0064	Zero pressure tube (flat free inserts), any size, each	Conditional	BI	n/a	PAR required for purchase but not required for repair.
K0065	Spoke protectors, each	Yes	86.93	n/a	1 item = 1 spoke protector
K0066	Solid tire, any size, each	Conditional	50.00	n/a	PAR required for purchase but not required for repair.
K0067	Pneumatic tire, any size, each	Conditional	22.50	n/a	PAR required for purchase but not required for repair.
K0068	Pneumatic tire tube, each	Conditional	10.50	n/a	PAR required for purchase but not required for repair.
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, each	Conditional	150.00	n/a	PAR required for purchase but not required for repair.
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	Conditional	187.50	n/a	PAR required for purchase but not required for repair. 1 item = 1 assembly.
K0071	Front caster assembly, complete, with pneumatic tire, each	Conditional	BI	n/a	PAR required for purchase but not required for repair. 1 item = 1 assembly.
K0072	Front caster assembly, complete, with semi-pneumatic tire, each	Conditional	BI	n/a	PAR required for purchase but not required for repair. 1 item = 1 assembly.
K0073	Caster pin lock, each	No	87.67	n/a	1 item = 1 pin.
K0074	Pneumatic caster tire, any size, each	Conditional	18.00	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
K0075	Semi-pneumatic caster tire, any size, each	Conditional	27.30	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
K0076	Solid caster tire, any size, each	Conditional	14.77	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
K0077	Front caster assembly, complete, with solid tire, each	Conditional	BI	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
K0078	Pneumatic caster tire tube, each	Conditional	8.05	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire tube.
K0079	Wheel lock extension, pair	Yes	40.00	n/a	1 item = 1 pair

Reference B0200121 (02/02)

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
K0080	Anti-rollback device, pair	Yes	90.00	n/a	1 item = 1 device
K0081	Wheel lock assembly, complete, each	Yes	BI	n/a	For repair only.
K0082	22 NF deep cycle lead acid battery, each	Condition al	78.00	n/a	PAR required for purchase but not required for repair.
K0083	22 NF gel cell battery, each	Condition al	129.20	n/a	PAR required for purchase but not required for repair.
K0084	Group 24 deep cycle lead acid battery, each	Condition al	87.73	n/a	PAR required for purchase but not required for repair.
K0085	Group 24 gel cell battery, each	Condition al	158.10	n/a	PAR required for purchase but not required for repair.
K0086	U-1 lead acid battery, each	Condition al	72.00	n/a	PAR required for purchase but not required for repair.
K0087	U-1 gel cell battery, each	Condition al	102.20	n/a	PAR required for purchase but not required for repair.
K0088	Battery charger, lead acid or gel cell	Condition al	251.45	n/a	PAR required for purchase but not required for repair.  1 item = 1 charger. Lead acid available only with repairs or replacement. If gel cell battery is being ordered with a new chair, also order dual mode charger.
K0089	Battery charger, dual mode	Condition al	461.37	n/a	PAR required for purchase but not required for repair.
K0090	Rear wheel tire for power wheelchair, any size, each	Condition al	34.00	n/a	PAR required for purchase but not required for repair.
K0091	Rear wheel tire tube other than zero pressure for power wheelchair, any size, each	Condition al	12.00	n/a	PAR required for purchase but not required for repair.
K0092	Rear wheel assembly for power wheelchair, complete each	Yes	30.00	n/a	For repair only.
K0093	Rear wheel, zero pressure tire tube (flat free insert) for power wheelchair, any size, each	Condition al	30.00	n/a	PAR required for purchase but not required for repair.
K0094	Wheel tire for power base, any size, each	Condition al	BI	n/a	PAR required for purchase but not required for repair.
K0095	Wheel tire tube other than zero pressure for each base, any size, each	Condition al	BI	n/a	PAR required for purchase but not required for repair.
K0096	Wheel assembly for power base, complete, each	Yes	BI	n/a	For repair only.
K0097	Wheel zero pressure tire tube (flat free insert) for power base, any size, each	Condition al	BI	n/a	PAR required for purchase but not required for repair.

Reference B0200121 (02/02)

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
K0098	Drive belt for power wheelchair	Yes	27.25	n/a	For repair only.
K0099	Front caster for power wheelchair, each	Yes	BI	n/a	For repair only. 1 item = 1 caster.
K0452	Wheelchair bearings, any type	Condition al	9.25	n/a	PAR required for purchase but not required for repair.
X2115	Stroller handle	Yes	BI	n/a	1 item = 1 pair
X2117	Weather Guard	Yes	47.50	n/a	1 item = 1 pair
X2119	Quick Release Axle	Yes	62.67	n/a	1 item = 1 pair
K0100	Wheelchair adapter for amputee, pair	Yes	BI	n/a	1 item = 1 pair
K0101	One-arm drive attachment, each	Yes	BI	67.50	1 item = 1 attachment
K0102	Crutch and cane holder, each	Yes	57.12	n/a	1 item = 1 crutch and cane holder
K0103	Transfer board, < 25"	Yes	52.50	n/a	1 item = 1 board
K0104	Cylinder tank carrier, each	Yes	136.00	n/a	1 item = 1 carrier
K0105	IV hanger, each	Yes	125.00	n/a	1 item = 1 IV hanger
K0106	Arm trough, each	Yes	102.21	n/a	1 item = 1 arm trough
K0107	Wheelchair tray	Yes	BI	n/a	1 item = 1 tray
K0551	Residual limb support system, solid base with adjustable drop hooks, mounts to wheelchair frame, each	Yes	BI	n/a	Effective 01/01/02.
K0108	Wheelchair component or accessory, not otherwise specified	Yes	BI	n/a	Specific accessory must be identified on PAR. Claim must be submitted on paper.
K0109	Customization of wheelchair base frame (options or accessories)	Yes	BI	n/a	Claim must be submitted on paper.
	<b><u>Support systems</u></b>				
K0112	Trunk support device, vest type, with inner frame, prefabricated	Yes	BI	n/a	1 item = 1 device
K0113	Trunk support device, vest type, without inner frame, prefabricated	Yes	BI	n/a	1 item = 1 device
K0114	Back support system for use with a wheelchair, with inner frame, prefabricated	Yes	BI	n/a	Jay, Jay 2 Back, Personal Back
K0115	Orthotic seating system, back module, posteriorlateral control, with or without lateral supports, custom fabricated for attachment to wheelchair base	Yes	BI	n/a	
K0116	Orthotic seating system, combined back and seat module, custom fabricated for attachment to wheelchair base	Yes	BI	n/a	Pin dot matrix
X2125	Linear seating system	Yes	BI	n/a	

**Note:** Deleted procedure codes effective 12/31/01 can only be used on Medicare X-over claims and PARs authorized prior to 01/01/02.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
<b><u>COCHLEAR EQUIPMENT &amp; SUPPLIES</u></b>					
L8619	Cochlear implant external speech processor, replacement	Yes*	BI	n/a	
<b><u>DIABETIC MONITORING EQUIPMENT &amp; SUPPLIES</u></b>					
<b><u>Glucometers</u></b> – Benefit is limited to a basic model.					
Providers are requested to submit their Usual and Customary charge to the Medicaid Program.					
Under Federal Law and State Regulations, providers are reminded that the Medicaid Program shall not be billed in excess of that charged to non-Medicaid clients.					
<b>Rebates:</b> If a rebate is available, the provider is responsible for doing one of the following:					
1. Instant: Cost must reflect Usual and Customary charge minus the rebate received or anticipated from the manufacturer.					
2. Mail-In: Rebate obtainable by mail shall indicate the purchaser to be the: Colorado Medicaid Program					
1575 Sherman Street					
Denver CO 80203-1714					
A4206	Syringe with needle, sterile, 1 cc, each	No	.15	n/a	Use for diabetic syringes. All syringes must be billed on the supply claim form. 1 item = 1 syringe.
A4230	Infusion set for external insulin pump, non needle cannula type	Yes	BI	n/a	
A4231	Infusion set for external insulin pump, needle type	Yes	BI	n/a	
E0607	Home blood glucose monitor	No	50.00	n/a	
E0609	Blood glucose monitor with special features, (e.g., voice synthesizers, automatic timers, etc.)	Deleted			Deleted 12/31/01. See E2100
E2100	Blood glucose monitor with integrated voice synthesizer	Yes	BI	n/a	Effective 01/01/02
E2101	Blood glucose monitor with integrated lancing/blood sample	Yes	BI	n/a	Effective 01/01/02
A4250	Urine test or reagent strips or tablets, each	No	.50	n/a	1 item = 1 strip/tablet. Albustix
A4253	<i>Blood glucose test or reagent strips for home blood glucose monitor, each</i>	No	.66	n/a	<i>1 item = 1 strip/tablet.</i>
XX002	Blood glucose test or reagent strip for home blood glucose monitor, per 25 strips	No	16.00	n/a	1 item = 25 strips.
A4254	Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient, each	No	BI	n/a	1 item = 1 replacement battery.
A4255	Platforms for home blood glucose monitor, 50 per box	No	BI	n/a	1 item = 50 per box.
A4258	Spring-powered device for lancet, each	No	BI	n/a	1 item = 1 device.
A4259	<i>Lancets, each</i>	No	.10	n/a	<i>1 item = 1 lancet.</i>
A4772	Blood glucose test strips, for dialysis, per 50	No	BI	n/a	1 item = per 50. Also for diabetic use.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
X2008	Syringe with needle, sterile, 0.3 cc or other special syringe or needle for use with insulin	Yes	.20	n/a	Diabetic use only. Must be medically justified. 1 item = 1 syringe.
E0784	External ambulatory infusion pump, insulin	Yes	5371.73	n/a	1 item = 1 system
X2010	Miscellaneous diabetic supplies not otherwise classified	No	10.00	n/a	Control solution. Charges greater than \$10.00, must attach manufacturer's invoice, description & amounts. Must be submitted on paper.

**DISPOSABLE SUPPLIES – GENERAL USE**

**Disposable supplies**

Disposable supplies, including gloves, are a benefit of the Medicaid Program for use by the client in his/her home. With the exception of gloves, the Home Health agency is responsible for providing all supplies necessary to meet the OSHA universal precaution requirement during a visit.

Bill only per information in Comments column. Example: X2130 per 240 ml equals only 1 unit of service.

**Antiseptics/solutions**

X2130	Respiratory sterile saline; 240 ml	Yes	6.48	n/a	1 item = 240 cc.
X2132	Respiratory sterile saline; 90 ml	Yes	4.98	n/a	1 item = 90 cc
A4244	Alcohol or peroxide, per pint	Yes	.50	n/a	1 item = 1 pint.
A4245	Alcohol wipes, each	No	.03	n/a	1 item = 1 wipe.
A4246	Betadine, per pint	Yes	3.50	n/a	1 item = 1 pint.
A4247	Betadine or Iodine swabs/wipes, each	Yes	.13	n/a	1 item = 1 swab/wipe.
X2273	Anti-microbial soap	Yes	BI	n/a	e.g., Hibiclens, CholoHex
X2134	Antibiotic ointment	Yes	BI	n/a	1 item = 1 oz. e.g., Neosporin
A4712	Water, sterile, for injection for dialysis, per 10 ml	Yes	BI	n/a	1 item = per 10 ml. When medically necessary, may be used for other diagnoses.
A4319	Sterile water irrigation solution, 1000 ml	No	7.70	n/a	

**First aid/dressings - See Appendix C for products and manufacturers appropriate for each code.**

A6025	Silicone gel sheet, each	Yes	BI	n/a	1 item = 1 sheet.
A6154	Wound pouch, each	Yes	BI	n/a	1 item = 1 pouch.
A6257	Transparent film, 16 sq. in. or less, each dressing	Yes	1.41	n/a	
A6258	Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Yes	2.67	n/a	
A6259	Transparent film, more than 48 sq. in., each dressing	Yes	BI	n/a	
A4200	Gauze pad(s) sterile or non-sterile, medicated or non-medicated, each	Yes	.50	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A6010	Collagen based wound filler, dry form, per gram of collagen	Yes	Bl	n/a	Effective 01/01/02.
A6020	Collagen based wound dressing, each dressing	Yes	Bl	n/a	
A6021	Collagen dressing, pad size 16 sq. in. or less, each	Yes	Bl	n/a	
A6022	Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each	Yes	Bl	n/a	
A6023	Collagen dressing, pad size more than 48 sq. in., each	Yes	Bl	n/a	
A6024	Collagen dressing wound filler, per 6 inches	Yes	Bl	n/a	
A6200	Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	Bl	n/a	
A6201	Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	Bl	n/a	
A6202	Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	Bl	n/a	
A6216	<i>Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</i>	Yes	.06	n/a	
A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	Bl	n/a	
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	Bl	n/a	
A6219	<i>Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing</i>	Yes	1.00	n/a	
A6220	Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Yes	Bl	n/a	
A6221	Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes	Bl	n/a	
A6402	<i>Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</i>	Yes	.13	n/a	
A6403	<i>Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing</i>	Yes	.45	n/a	
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	Bl	n/a	
A6222	<i>Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing</i>	Yes	1.20	n/a	
A6223	<i>Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing</i>	Yes	1.55	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A6224	<i>Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing</i>	Yes	1.35	n/a	
A6228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	BI	n/a	
A6229	<i>Gauze, impregnated, water or normal saline, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing</i>	Yes	2.10	n/a	
A6230	Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6231	Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing	Yes	BI	n/a	
A6232	Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Yes	BI	n/a	
A6233	Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., each dressing	Yes	BI	n/a	
A6264	<i>Gauze, non-elastic, non-sterile, per linear yard</i>	Yes	.51	n/a	
A6266	<i>Gauze, impregnated, other than water or normal saline, any width, per linear yard</i>	Yes	2.01	n/a	
A6263	<i>Gauze, elastic, non-sterile, all types, per linear yard</i>	Yes	.31	n/a	
A6405	<i>Gauze, elastic, sterile, all types, per linear yard</i>	Yes	.35	n/a	
A6406	Gauze, non-elastic, sterile, all types per linear yard	Yes	BI	n/a	
A6242	<i>Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing</i>	Yes	6.10	n/a	
A6243	<i>Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing</i>	Yes	9.79	n/a	
A6244	Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6245	<i>Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing</i>	Yes	7.62	n/a	
A6246	<i>Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing</i>	Yes	10.41	n/a	
A6247	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6248	<i>Hydrogel dressing, wound filler, gel, per fluid ounce</i>	Yes	10.36	n/a	
A6234	<i>Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing</i>	Yes	6.36	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A6235	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	10.31	n/a	
A6236	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6237	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes	5.23	n/a	
A6238	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Yes	17.25	n/a	
A6239	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6240	Hydrocolloid dressing, wound filler, paste, per fluid ounce	Yes	10.22	n/a	
A6241	Hydrocolloid dressing, wound filler, dry form, per gram	Yes	BI	n/a	
A6196	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing	Yes	4.25	n/a	
A6197	Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Yes	17.25	n/a	
A6198	Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing	Yes	BI	n/a	
A6199	Alginate or other fiber gelling dressing, wound filler, per 6 inches	Yes	5.54	n/a	
A6203	Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes	BI	n/a	
A6204	Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in. with any size adhesive border, each dressing	Yes	BI	n/a	
A6205	Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6206	Contact layer, 16 sq. in. or less, each dressing	Yes	BI	n/a	
A6207	Contact layer, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Yes	7.70	n/a	
A6208	Contact layer, more than 48 sq. in., each dressing	Yes	BI	n/a	
A6209	Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	6.62	n/a	
A6210	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	10.87	n/a	
A6211	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A6212	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes	6.80	n/a	
A6213	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6214	Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6215	Foam dressing, wound filler, per gram	Yes	BI	n/a	
A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	2.09	n/a	
A6252	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	1.10	n/a	
A6253	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6254	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes	1.28	n/a	
A6255	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6256	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6260	Wound cleansers, any type, any size	Yes	BI	n/a	
A6261	Wound filler, gel/paste, per fluid ounce, not elsewhere classified	Yes	BI	n/a	
A6262	Wound filler, dry form, per gram, not elsewhere classified	Yes	BI	n/a	
A4454	Tape, all types, all sizes, per roll	Yes	1.39	n/a	1 item = 1 roll.
A6265	Tape, all types, per 18 sq. in.	Yes	.13	n/a	
A4455	Adhesive remover or solvent, each	No	7.45	n/a	
A4460	Elastic bandage, per roll	Yes	3.75	n/a	e.g., compression bandage, Ace. 1 item = 1 roll.
A4464	Joint supportive device/garment, elastic or equal, each	No	BI	n/a	1 item = 1 device/garment.
A4462	Abdominal dressing holder/binder, each	No	3.44	n/a	1 item = 1 holder/binder
A4565	Sling, each	No	19.02	n/a	
A4570	Splint	No	17.41	n/a	
S8450	Splint, prefabricated, digit (specify digit by use of modifier)	No	BI	n/a	
S8451	Splint, prefabricated, wrist or ankle	No	BI	n/a	
S8452	Splint, prefabricated, elbow	No	BI	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L4350	Pneumatic ankle control splint (e.g., aircast), prefabricated includes fitting and adjustment	No	50.83	n/a	
L4360	Pneumatic walking splint (e.g., aircast), prefabricated includes fitting and adjustment	No	169.93	n/a	
L4370	Pneumatic full leg splint (e.g., aircast), prefabricated includes fitting and adjustment	No	129.54	n/a	
L4380	Pneumatic knee splint (e.g., aircast), prefabricated includes fitting and adjustment	No	67.20	n/a	
A4572	Rib belt, each	No	16.30	n/a	
A4649	Miscellaneous surgical supply not otherwise classified	Yes	BI	n/a	Must attach manufacturer's invoice, amounts, & description. Must be submitted on paper.
A4561	Pessary, rubber, any type	No	30.00	n/a	
A4562	Pessary, non-rubber, any type	No	30.00	n/a	
X2136	Suture removal tray	Yes	BI	n/a	
A4927	Gloves, non-sterile, for dialysis, per 100	Yes	.13	n/a	1 item = 100 gloves. When medically necessary, may be used for other diagnoses.
X2050	Glove, sterile, each	Yes	.65	n/a	1 item = 1 glove.
Y2820	Sterile applicator, cotton, each	Yes	.07	n/a	1 item = 1 applicator, sterile only.
	<b><u>Ostomy care</u></b>				
A4361	Ostomy face plate, all sizes, each	No	7.43	n/a	1 item = 1 faceplate.
A4384	Ostomy faceplate equivalent, silicone ring, each	No	BI	n/a	1 item = 1 faceplate, silicone ring
A4372	Ostomy skin barrier; solid 4x4 or equivalent, standard wear, with built-in convexity, each	No	4.25	n/a	1 item = 1 skin barrier.
A4373	Ostomy skin barrier; with flange (solid, flexible or accordion), with built-in convexity, any size, each	No	6.80	n/a	1 item = 1 skin barrier.
A4374	Ostomy skin barrier; with flange (solid, flexible or accordion), extended wear with built-in convexity, any size, each	No	7.65	n/a	1 item = 1 skin barrier.
A4386	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, any size, each	No	5.40	n/a	1 item = 1 skin barrier.
A4362	Skin barrier, solid, 4x4 or equivalent, each	No	3.12	n/a	
A4385	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each	No	4.55	n/a	1 item = 1 skin barrier.
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	No	BI	n/a	
A4364	Adhesive for ostomy or catheter, liquid (spray, brush, etc.), cement, powder or paste, any composition, per ounce	No	2.49	n/a	e.g., silicone, latex. 1 item = 1 ounce.
A4365	Adhesive remover wipes, any type, per 50	No	10.41	n/a	1 item = 1 box of 50.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A4367	Ostomy belt, each	No	7.55	n/a	1 item = 1 belt.
A4368	Ostomy filter, any type, each	No	BI	n/a	1 item = 1 filter.
A4398	Ostomy irrigation supply; bag, each	No	16.09	n/a	1 item = 1 bag.
A4399	Ostomy irrigation supply; cone/catheter, including brush	No	3.50	n/a	1 item = cone/catheter and brush
A4400	Ostomy irrigation set, each	No	22.72	n/a	1 item = 1 set.
A4402	Lubricant, per ounce	No	.33	n/a	e.g., KY Gel, Vaseline. 1 item = 1 ounce.
A4404	Adhesive rings (washers, wafers, discs, etc.), each	No	3.90	n/a	1 item = 1 ring.
A4421	Miscellaneous ostomy supply not otherwise classified	No	25.00	n/a	Charges greater than \$25.00 must attach manufacturer's invoice, description & amounts. Claim must be submitted on paper.
A4394	Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce	No	2.45	n/a	
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet	No	.40	n/a	1 item = 1 tablet
XX007	Adhesive remover wipes, 50 per box	No	8.33	n/a	1 item = 1 box of 50.
XX011	Non-adhesive appliance disc, each	No	BI	n/a	1 item = 1 disc.
A5051	Pouch, closed, with barrier attached (1 piece), each	No	2.56	n/a	1 item = 1 pouch.
A4387	Ostomy pouch, closed; with standard wear barrier attached, with built-in convexity (1 piece), each	No	BI	n/a	1 item = 1 pouch.
A5052	Pouch, closed, without barrier attached (1 piece), each	No	2.89	n/a	1 item = 1 pouch.
A5053	Pouch, closed, for use on faceplate, each	No	2.01	n/a	1 item = 1 pouch.
A5054	Pouch, closed, for use on barrier, with flange, 2 piece set	No	1.12	n/a	1 item = one 2 piece set.
A5055	Stoma cap, each	No	1.21	n/a	1 item = 1 cap.
A5061	Pouch, drainable, with barrier attached (1 piece), each	No	3.69	n/a	1 item = 1 pouch.
A4388	Ostomy pouch, drainable, with extended wear barrier attached, without built-in convexity (1 piece), each	No	BI	n/a	1 item = 1 pouch.
A4389	Ostomy pouch, drainable, with standard wear barrier attached with built-in convexity (1 piece), each	No	BI	n/a	1 item = 1 pouch.
A5062	Pouch, drainable, without barrier attached (1 piece), each	No	3.30	n/a	1 item = 1 pouch.
A5063	Pouch, drainable, for use on barrier with flange, 2 piece set	No	2.40	n/a	1 item = one 2 piece set.
A5064	Pouch, drainable, with faceplate attached, plastic or rubber, each	Deleted			Deleted 12/31/01
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each	No	BI	n/a	1 item = 1 pouch.
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each	No	BI	n/a	1 item = 1 pouch.
A4377	Ostomy pouch drainable, for use on faceplate, plastic, each	No	BI	n/a	1 item = 1 pouch.
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each	No	BI	n/a	1 item = 1 pouch.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A5071	Pouch, urinary, with barrier attached (1 piece), each	No	3.16	n/a	1 item = 1 pouch.
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	No	6.85	n/a	1 item = 1 pouch.
A4391	Ostomy pouch, urinary, with extended wear barrier attached, without built-in convexity (1 piece), each	No	BI	n/a	1 item = 1 pouch.
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	No	BI	n/a	1 item = 1 pouch.
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	No	8.55	n/a	1 item = 1 pouch.
A5072	Pouch, urinary, without barrier attached (1 piece), each	No	3.15	n/a	1 item = 1 pouch.
A5073	Pouch, urinary, for use on barrier, with flange, per 2 piece set	No	3.40	n/a	1 item = one 2 piece set.
A5074	Pouch, urinary, with faceplate attached, plastic or rubber, each	Deleted			Deleted 12/31/01.
A5075	Pouch, urinary, for use on faceplate, plastic or rubber, each	Deleted			Deleted 12/31/01.
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	No	5.70	n/a	1 item = 1 pouch.
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	No	BI	n/a	1 item = 1 pouch.
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each	No	BI	n/a	1 item = 1 pouch.
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each	No	BI	n/a	1 item = 1 pouch.
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each	No	BI	n/a	1 item = 1 pouch.
A5081	Continent device, plug for continent stoma, each	No	2.92	n/a	1 item = 1 device.
A5082	Continent device, catheter for continent stoma, each	No	7.00	n/a	1 item = 1 catheter.
A5093	Ostomy accessory, convex insert, each	No	7.01	n/a	1 item = 1 insert.
A5102	Bedside drainage bottle, with or without tubing rigid or expandable, each	No	7.95	n/a	1 item = 1 bottle.
A5105	Urinary suspensory, with leg bag, with or without tube, each	No	56.05	n/a	1 item = 1 suspensory.
A5112	<i>Urinary leg bag, latex, each</i>	No	34.20	n/a	1 item = 1 bag.
A5113	Leg strap; latex, replacement only, per set	No	.79	n/a	1 item = 1 set.
A5114	Leg strap; foam or fabric, replacement only, per set	No	6.97	n/a	1 item = 1 set.
A5119	Skin barrier, wipes, each	No	.18	n/a	1 item = 1 wipe.
A5121	Skin barrier, solid, 6x6 or equivalent, each	No	11.30	n/a	1 item = 1 skin barrier.
A5122	Skin barrier, solid, 8x8 or equivalent, each	No	11.30	n/a	1 item = 1 skin barrier.
A5123	Skin barrier, with flange (solid, flexible or accordion), any size, each	No	7.95	n/a	1 item = 1 skin barrier with flange.
A4369	Ostomy skin barrier; liquid (spray, brush, etc.), per ounce	No	1.75	n/a	1 item = 1 ounce.
A4370	<i>Ostomy skin barrier; paste, per ounce</i>	No	3.35	n/a	1 item = 1 ounce.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A4371	Ostomy skin barrier; powder, per ounce	No	3.73	n/a	1 item = 1 ounce.
A5126	Adhesive or non-adhesive disc or foam pad	No	6.50	n/a	1 item = 1 pad.
A5131	Appliance cleaner, incontinence or ostomy appliance, per ounce	No	.81	n/a	1 item = 1 ounce.
<b><u>Syringes &amp; needles</u></b>					
A4206	Syringe with needle, sterile, 1 cc, each	No	.15	n/a	Use for diabetic syringes. All syringes must be billed on the Colorado 1500 claim form. 1 item = 1 syringe.
A4207	Syringe with needle, sterile, 2 cc, each	Yes	.26	n/a	1 item = 1 syringe.
A4208	Syringe with needle, sterile, 3 cc, each	Yes	.26	n/a	1 item = 1 syringe.
A4209	Syringe with needle, sterile, 5 cc up to 20 cc, each	Yes	.35	n/a	1 item = 1 syringe.
A4213	Syringe, sterile, 20 cc or greater, each	Yes	1.90	n/a	1 item = 1 syringe.
A4215	Needle (only), sterile, any size, each	Yes	.25	n/a	1 item = 1 needle.
X2008	Syringe with needle, sterile, 0.3 cc or other special syringe or needle for use with insulin	Deleted			Deleted 12/31/01. See S8490.
S8490	Insulin syringes (100 syringes, any size)	Yes	20.00	n/a	Effective 01/01/02
A4232	Syringe with needle for external insulin pump, sterile, 3cc	Yes	BI	n/a	
<b><u>Urinary care</u></b>					
A4310	Insertion tray without drainage bag & without catheter (accessories only), each	No	6.50	n/a	
A4311	Insertion tray without drainage bag, with indwelling catheter, foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), per set	No	12.36	n/a	1 item = 1 set.
A4312	Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone, per set	No	15.67	n/a	1 item = 1 set.
A4314	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), per set	No	21.07	n/a	1 item = 1 set.
A4315	Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone, per set	No	21.07	n/a	1 item = 1 set.
A4320	Irrigation tray with bulb or piston syringe, each	No	4.16	n/a	1 item = 1 set.
A4322	Irrigation syringe, bulb or piston, each	No	2.15	n/a	1 item = 1 syringe.
A4323	Sterile saline irrigation solution, per 1000 ml	No	7.70	n/a	1 item = 1,000 ml.
A4324	Male external catheter, with adhesive coating, each	No	1.10	n/a	1 item = 1 catheter
A4325	Male external catheter, with adhesive strip, each	No	1.02	n/a	1 item = 1 catheter

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A4326	Male external catheter, specialty type, each	No	7.00	n/a	e.g., inflatable, faceplate, etc., 1 item = 1 catheter.
A4327	Female external urinary collection device, metal cup, each	No	7.00	n/a	1 item = 1 cup.
A4328	Female external urinary collection device, pouch, each	No	8.40	n/a	1 item = 1 pouch.
A4329	External catheter starter set, male or female, includes catheters/urinary collection device, bag/pouch & accessories (tubing, clamps, etc.), per set containing 7 day supply	Deleted			Deleted 12/31/01.
A4330	Perianal fecal collection pouch with adhesive, each	No	6.09	n/a	1 item = 1 pouch.
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	No	1.94	n/a	1 item = 1 extension drainage tubing
A4332	Lubricant, individual sterile packet, for insertion of urinary catheter, each	No	.11	n/a	1 item = 1 packet
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	No	3.00	n/a	1 item = 1 device
A4334	<i>Urinary catheter anchoring device, leg strap, each</i>	No	4.38	n/a	<i>1 item = 1 device</i>
A4335	Miscellaneous incontinence supply not otherwise classified	Conditional	25.00	n/a	Claim must be submitted on paper. No PAR required if used for urinary tubing, clamps, connectors, and adapters. Billing must include specific reference to urinary item. Charges greater than \$25.00 must attach manufacturer's invoice description & amounts.
A4338	<i>Indwelling catheter, foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), each</i>	No	10.24	n/a	<i>1 item = 1 catheter.</i>
A4340	Indwelling catheter, specialty type (coude, mushroom, wing, etc.), each	No	15.49	n/a	1 item = 1 catheter.
A4344	<i>Indwelling catheter, foley type, two-way, all silicone, each</i>	No	8.59	n/a	<i>1 item = 1 catheter.</i>
A4347	Male external catheter with or without adhesive, with or without anti-reflux device, each	No	2.14	n/a	1 item = 1 catheter.
A4348	Male external catheter with integral collection compartment, extended wear, each (e.g., 2 per month)	No	2.14	n/a	1 item = 1 catheter.
XX004	Urinary intermittent catheter with insertion tray	No	7.80	n/a	1 item = 1 catheter & tray.
A4354	Insertion tray with drainage bag, without catheter, each	No	4.03	n/a	1 item = 1 tray & bag.
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each	No	38.07	n/a	1 item = 1 clamp.
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, per set	No	8.58	n/a	1 item = 1 set.
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	No	5.17	n/a	1 item = 1 bag

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A4359	Urinary suspensory without leg bag, each	No	43.00	n/a	1 item = 1 suspensory.
A4396	Ostomy belt with peristomal hernia support	No	BI	n/a	1 item = 1 belt.
A4397	Irrigation supply, sleeve, each	No	2.49	n/a	1 item = 1 sleeve.
A4554	Underpads, disposable, each	Yes	.41	n/a	e.g., Chux. 1 item = 1 pad. <b>Note:</b> Pads with 36" x 72" dimensions are not a benefit.
A4860	Disposable catheter tips for peritoneal dialysis, per 10	No	BI	n/a	1 item = per 10. When medically necessary, may be used for other diagnoses.
A4927	Gloves, <u>nonsterile</u> , for dialysis, per 100	Yes	.13	n/a	1 item = 100 gloves. When medically necessary, may be used for other diagnoses.
X2050	Glove, <u>sterile</u> , each	Yes	.65	n/a	1 item = 1 glove.
A4351	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	No	1.30	n/a	1 item = 1 catheter.
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	No	2.02	n/a	1 item = 1 catheter.
A4353	Intermittent urinary catheter, with insertion supplies	No	BI	n/a	1 item = 1 catheter and supplies.
X2016	Child briefs	No	.45	n/a	1 item =1 child brief. Limited to 10 per day in any combination of diapers, liners, and undergarments
X2017	Belted undergarment	No	.60	n/a	1 item =1 belted undergarment. Limited to 10 per day in any combination of diapers, liners, and undergarments
S8405	Disposable liner/shield for incontinence, each	No	.43	n/a	1 item = 1 incontinence liner/shield. Limited to 10 per day in any combination of diapers, liners, and undergarments
X2021	Child pull-up briefs (sizes small, medium, and large)	No	.64	n/a	1 item = 1 child pull-up brief. Limited to 10 per day in any combination of diapers, liners, and undergarments
X2022	Youth brief	No	.59	n/a	1 item = 1 youth brief. Limited to 10 per day in any combination of diapers, liners, and undergarments.
X2023	Adult brief-small	No	.67	n/a	1 item = 1 adult brief, small. Limited to 10 per day in any combination of diapers, liners, and undergarments.
X2024	Adult brief-medium	No	.78	n/a	1 item = 1 adult brief, medium. Limited to 10 per day in any combination of diapers, liners, and undergarments.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
X2026	Adult brief-large	No	.92	n/a	1 item = 1 adult brief, large. Limited to 10 per day in any combination of diapers, liners, and undergarments.
X2027	Adult brief-extra large	No	.94	n/a	1 item = 1 adult brief, extra large. Limited to 10 per day in any combination of diapers, liners, and undergarments
<p><b>PARs for X2028, X2029, and X2030</b> require the following information: 1) # of briefs needed per day; weight of child; 2) Medical and independence needs that will be addressed by using the product; 3) Medical need for higher absorption level; 4) Medical need for increased leakage protection; 5) Medical inability to utilize other products; 6) Reason for better fit of brief; and 7) If other pull-up briefs have been tried and did not meet the client's needs, explain the problem.</p>					
X2028	Adolescent pull-up training brief, medium	Yes	.86	n/a	1 item = 1 adolescent pull-up brief, medium. Limited to 10 per day in any combination of diapers, liners, and undergarments.
X2029	Adolescent pull-up training brief, large	Yes	1.05	n/a	1 item = 1 adolescent pull-up brief, large. Limited to 10 per day in any combination of diapers, liners, and undergarments.
X2030	Adolescent pull-up training brief, extra large	Yes	1.04	n/a	1 item = 1 adolescent pull-up brief, extra large. Limited to 10 per day in any combination of diapers, liners, and undergarments.
X2031	Child pull-up brief, extra large	No	.65	n/a	1 item = 1 child pull-up brief, extra large. Limited to 10 per day in any combination of diapers, liners, and undergarments.
<b><u>Miscellaneous</u></b>					
A4265	Paraffin, per pound	Yes	3.60	n/a	1 item = 1 pound.
E0235	Paraffin bath unit, portable, each	Yes	129.87	12.50	1 item = 1 unit.
<b><u>ELASTIC SUPPORTS &amp; STOCKINGS – GENERAL USE</u></b>					
A4490	Surgical stocking, above knee length, each	No	6.50	n/a	1 item = 1 stocking.
A4495	Surgical stocking, thigh length, each	No	8.50	n/a	1 item = 1 stocking.
A4500	Surgical stocking, below knee length, each	No	6.14	n/a	1 item = 1 stocking.
A4510	Surgical stocking, full length, each	No	13.90	n/a	1 item = 1 stocking.
L8100	Elastic support/stocking, below knee, medium weight, each	No	17.06	n/a	1 item = 1 stocking.
L8110	Elastic support/stocking, below knee, heavy weight, each	No	56.45	n/a	1 item = 1 stocking.
L8120	Elastic support/stocking, below knee, surgical weight (Linton type or equal), each	No	29.02	n/a	1 item = 1 stocking.
L8130	Elastic support/stocking, above knee, medium weight, each	No	18.17	n/a	1 item = 1 stocking.
L8140	Elastic support/stocking, above knee, heavy weight, each	No	28.36	n/a	1 item = 1 stocking.
L8150	Elastic support/stocking, above knee, surgical weight (Linton type or equal), each	No	18.42	n/a	1 item = 1 stocking.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L8160	Elastic support/stocking, full length, medium weight, each	No	29.53	n/a	1 item = 1 stocking.
L8170	Elastic support/stocking, full length, heavy weight, each	No	30.84	n/a	1 item = 1 stocking.
L8180	Elastic support/stocking, full length, surgical weight (Linton type or equal), each	No	68.99	n/a	1 item = 1 stocking.
L8190	Elastic support/stocking, leotards, medium weight, each	No	33.88	n/a	1 item = 1 leotard.
L8195	Gradient compression stocking, waist length, 30-40 MMHG, each	No	BI	n/a	1 item = 1 stocking.
L8200	Elastic support/stocking, leotards, surgical weight (Linton type), each	No	52.17	n/a	1 item = 1 leotard.
L8210	Elastic support/stocking, custom made, each	No	BI	n/a	1 item = 1 stocking.
L8220	Elastic support/stocking, lymphedema, each	No	43.12	n/a	1 item = 1 stocking.
L8230	Elastic support/stocking, garter belt, each	No	BI	n/a	1 item = 1 stocking.
<b><u>HEAT &amp; COLD APPLICATION EQUIPMENT – GENERAL USE</u></b>					
E0200	Heat lamp, without stand (table model), includes bulb or infrared element, each	Yes	BI	5.00	
E0205	Heat lamp, with stand, includes bulb or infrared element, each	Yes	BI	5.00	
E0217	Water circulating heat pad with pump	Yes	BI	n/a	
E0218	Water circulating cold pad with pump	Yes	BI	n/a	
E0221	Infrared heating pad system	Yes	BI	n/a	Effective 01/01/02
E0231	Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover	Yes	BI	n/a	Effective 01/01/02
E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover	Yes	BI	n/a	Effective 01/01/02
E0236	Pump for water circulating pad, each	Yes	BI	38.00	
E0249	Pad for water circulating heat unit, each	Yes	18.00	n/a	Purchase for client owned equipment only.
<b><u>MONITORING EQUIPMENT &amp; SUPPLIES – GENERAL USE</u></b>					
E0607	Home blood glucose monitor, each	No	50.00	n/a	
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope, for dialysis	Yes	40.00	n/a	Requires Questionnaire #5. See Appendix I. When medically necessary, may be used for other diagnoses.
A4663	Blood pressure cuff only, for dialysis	Yes	21.00	n/a	1 item = 1 cuff only. When medically necessary, may be used for other diagnoses.
A4670	Automatic blood pressure monitor, for dialysis	Yes	70.76	n/a	Digital. Requires Questionnaire #5. See Appendix I. When medically necessary, may be used for other diagnoses.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0608-01	Apnea monitor, each	Yes	n/a	170.00	Includes cardiac monitoring (belts included). 1 unit = 1 month. Beyond 6 months requires Questionnaire #7. See Appendix K.
S8105	Oximeter for measuring blood oxygen levels non-invasively	Yes	n/a	375.00	1 unit = 1 month. Beyond 3 months requires Questionnaire #6. See Appendix J.
X2014-01	Pulse Oximeter, per day	Yes	n/a	50.00	1 unit = 1 day. Limited to overnight or 24 hour test period.
E0609	Blood glucose monitor with special features (e.g., voice synthesizers, automatic timers, etc.)	Deleted			Deleted 12/31/01
E0610	Pacemaker monitor, self-contained (checks battery depletion, includes audible & visual check systems), each	Yes	Bl	n/a	
E0615	Pacemaker monitor, self-contained, checks battery depletion & other pacemaker components, includes digital/visual check systems, each	Yes	Bl	n/a	
A4245	Alcohol wipes, each	No	.03	n/a	1 item = 1 wipe.
A4556	Electrodes (e.g., apnea monitor), per pair	No	8.00	n/a	1 item = 1 pair. <b>Note:</b> Purchase for client owned equipment only. Must be provided by supplier for rented equipment.
A4557	Lead wires or cables, per pair	No	21.40	n/a	1 item = 1 pair. <b>Note:</b> Purchase for client owned equipment only. Must be provided by supplier for rented equipment.
A4558	Electrodes gel, per tube	No	5.00	n/a	1 item = 1 tube of gel.
S9001	Home uterine monitor with or without associated nursing services	Yes	n/a	Per PAR	Equipment only. Limited to 1 unit per day- no more than 31 days at a time. NAB with essential nursing services. Telephonic transmission & interpretation are not benefits.
<b>PHOTOTHERAPY – GENERAL USE</b>					
E0202-01	Phototherapy (bilirubin) light with photometer, per day	No	n/a	52.58	1 item = 1 day rental.
E0690-01	Ultraviolet cabinet, appropriate for home use	Yes	n/a	52.50	1 item = 1 month rental.
<b><u>OXYGEN &amp; RESPIRATORY CARE- General Use- Respiratory care equipment requires a physician's prescription. The supplier must maintain a copy of the prescription on file at all times.</u></b>					
<b><u>Humidifiers</u></b>					
E0550	Humidifier, durable, for <b>extensive</b> supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade)	No	271.50	8.00	
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	No	51.76	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade Jr.)	No	53.95	6.88	
K0268	Humidifier, non-heated, used with Positive Airway Pressure device	Yes	105.00	n/a	Purchase for client owned equipment only.
K0531	Humidifier, heated, used with Positive Airway Pressure device	Yes	240.00	n/a	Purchase for client owned equipment only.
X2911	Humidifier bottle, disposable, each	No	3.46	n/a	1 item = 1 bottle.
X2935	Room air filter/purifier	Yes	217.93	41.25	
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	Yes	3.25	n/a	
<b>IPPB machines</b>					
E0500-01	IPPB machine(s), all types, with built in nebulization, manual or automatic valves, internal or external power source (Manual valves external power source includes cylinder regulator built-in nebulization)	No	n/a	70.00	1 item = 1 month rental.
<b><u>Oxygen contents – For services provided to nursing facility residents, look under heading “Oxygen Services in Nursing Facility”</u></b>					
X0400	Oxygen contents, gaseous (for use with rental equipment)	No	.07	n/a	1 unit = 1 cubic ft.
X0410	Oxygen contents, liquid (for use with rental equipment)	No	.82	n/a	1 unit = 1 lb.
X0416	Oxygen refill for portable gaseous system only; up to 23 cubic feet	No	8.67	n/a	Bill 1 unit per tank only, regardless of cubic feet (1 unit = up to 23 cubic ft.)
Y2997-01	Compressed air cylinder (large cylinder)	No	n/a	4.25	
Y2185-01	Oxygen cylinder, small, type B tank	No	n/a	3.75	
ZZ009	Oxygen supply or accessory, component of another item	Yes	BI	n/a	
E0441	Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned)	No	3.50	n/a	1 unit = 50 cubic ft.
E0442	Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned)	No	8.20	n/a	1 unit = 10 lbs.
E0443	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used)	No	.35	n/a	1 unit = 5 cubic ft.
E0444	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used)	No	.82	n/a	1 unit = 1 lb.
X0417-01	Monthly rental of centrally located stationary liquid oxygen system (reservoir) used to refill portable units for multiple clients	No	n/a	By report	Bill usual & customary charge divided by total number of <b>all</b> clients utilizing reservoir. The total, unduplicated count of clients (regardless of payment source) using the equipment during the month must be maintained in each client's file.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
X0418-01	Monthly rental of centrally located stationary liquid oxygen system to be filled through a centrally located/shared stationary reservoir, includes portable container, flow humidifier, cannula or mask, tubing and refill adapter <b><u>Oxygen systems – For services provided to nursing facility residents, look under heading “Oxygen Services in Nursing Facility”</u></b>	No	n/a	57.00	
E0424-01	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	No	n/a	38.50	1 unit = 10 lbs. Use for Medicare/Medicaid dually eligible clients.
X0425-01	Stationary gaseous O <sub>2</sub> system <u>Medicaid only</u> rental without contents; includes regulator, flow meter, humidifier, nebulizer, cannula or mask & tubing	No	n/a	40.00	
E0431-01	Portable gaseous oxygen system, rental; includes portable container, regulator, flow meter, humidifier, cannula or mask, and tubing	No	n/a	28.00	
E0434-01	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flow meter, refill adapter, contents gauge, cannula or mask, and tubing	No	n/a	37.00	Portable only. Bill with X0440-01 for total system.
E0439-01	Stationary liquid oxygen system, rental; includes container, contents, regulator, flow meter, humidifier, nebulizer, cannula or mask, & tubing	No	n/a	33.20	1 unit = 10 lbs. Use for Medicare/Medicaid dually eligible clients.
X0440-01	Stationary liquid O <sub>2</sub> system <u>Medicaid only</u> rental, without contents; includes use of reservoir, contents indicator, regulator, flow meter, humidifier, nebulizer, cannula or mask & tubing	No	n/a	45.00	
X2035	Miscellaneous Oxygen equipment not otherwise classified  <b><u>Ventilators, percussors, &amp; respirators</u></b>	Yes	BI	n/a	Par & claim must include equipment description. Must be submitted on paper.
E0450-01	Volume ventilator, stationary or portable, with backup rate feature used with invasive interface (e.g. tracheostomy, tube)	Yes	n/a	652.00	e.g., LP-6, LP-10, PLV 100, PLV 102, Bear 33, PB2800, PB2801. PAR must include equipment description. 1 item = 1 month rental.
X2171	Pediatric CPAP	Yes	BI	270.00	Includes humidifier, compressor, alarm, CPAP. Requires Questionnaire #8. See Appendix L.
X2173	Servo-controlled heated respiratory humidifier	Yes	BI	185.00	
X2175	External Alarm	Yes	BI	40.00	
X2177	Humidification System	Yes	BI	100.00	For ventilator.
X2179	Biochem Monitor	Yes	BI	Per PAR	Must be submitted on paper. Must submit manufacturer's invoice with PAR. Rental and purchase based on percentage of invoice & rate will be determined at the time of PAR approval. PAR copy must be submitted with claim. 1 item = 1 month rental.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0457	Chest Shell (cuirass)	Yes	BI	n/a	Must be provided if equipment is rented. Purchase for client owned equipment only.
E0459	Chest wrap	Yes	BI	n/a	Must be provided if equipment is rented. Purchase for client owned equipment only.
E0460	Negative pressure ventilator, portable or stationary	Yes	n/a	475.00	e.g., Porta-Lung
E0480	Percussor, electric or pneumatic, home model	Yes	BI	35.00	
E0601	Continuous positive airway pressure (CPAP) device, nasal	Yes	792.00	104.00	Requires sleep study with PAR. Rental includes mask & headgear. Use X2037 for mask purchase. Use K0185 for headgear purchase. Requires Questionnaire #8. See Appendix L.
X2037	CPAP mask, each	Yes	46.64	n/a	Purchase for client owned equipment only.
K0183	Nasal application device used with Positive Airway Pressure device	Yes	75.00	n/a	Purchase for client owned equipment only.
K0184	Nasal single piece interface, replacement for nasal application device, pair or single piece interface	Yes	25.00	n/a	Purchase for client owned equipment only.
K0185	Headgear used with Positive Airway Pressure device	Yes	35.75	n/a	Purchase for client owned equipment only.
K0186	Chin strap used with Positive Airway Pressure device	Yes	18.00	n/a	Purchase for client owned equipment only.
K0187	Tubing used with Positive Airway Pressure device	Yes	32.00	n/a	Purchase for client owned equipment only.
K0188	Filter, disposable, used with Positive Airway Pressure device	Yes	4.75	n/a	Purchase for client owned equipment only.
K0189	Filter, non-disposable, used with Positive Airway Pressure device	Yes	BI	n/a	Purchase for client owned equipment only.
K0268	Humidifier, non-heated, used with Positive Airway Pressure device	Yes	105.00	n/a	Purchase for client owned equipment only.
S8182	Humidifier, heated, used with ventilator, non-servo-controlled	Yes	BI	n/a	Effective 01/01/02. Purchase for client owned equipment only.
S8183	Humidifier, heated, used with ventilator, dual servo-controlled with temperature monitoring	Yes	BI	n/a	Effective 01/01/02. Purchase for client owned equipment only.
S8185	Flutter device	Yes	BI	n/a	Effective 01/01/02.
S8186	Swivel adapter	Yes	BI	n/a	Effective 01/01/02.
ZZ004	CPAP supply, component of another item	Yes	BI	n/a	
K0532	Respiratory assist device, bi-level pressure capability without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Yes	1,219.00	Per PAR	Must be submitted on paper. Must submit manufacturer's invoice with PAR. Purchase based on percentage of invoice and rate will be determined at the time of PAR approval. PAR copy must be submitted with claim. Requires Questionnaire #8. See Appendix L.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
K0533	Respiratory assist device, bi-level pressure capability with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Yes	2,252.00	Per PAR	Must be submitted on paper. Must submit manufacturer's invoice with PAR. Purchase based on percentage of invoice and rate will be determined at the time of PAR approval. PAR copy must be submitted with claim. Requires Questionnaire #8. See Appendix L.
K0534	Respiratory assist device, bi-level pressure capability with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Yes	BI	Per PAR	Must be submitted on paper. Must submit manufacturer's invoice with PAR. Purchase based on percentage of invoice and rate will be determined at the time of PAR approval. PAR copy must be submitted with claim. Requires Questionnaire #8. See Appendix L.
X2015	Miscellaneous high tech equipment not otherwise classified	Yes	BI	Per PAR	Must be submitted on paper. Must submit manufacturer's invoice with PAR. Purchase based on percentage of invoice and rate will be determined at the time of PAR approval. PAR copy must be submitted with the claim.
X3030	High frequency chest oscillation; air pulse generator	Yes*	9,475.00	850.00	i.e., ThAirapy vest system. Requires Questionnaire #14. See Appendix S.
X3031	High frequency chest wall oscillation; inflatable vest	Yes*	300.00	n/a	i.e., ThAirapy vest system. Requires Questionnaire #14. See Appendix S.
<b><u>Oxygen concentrators – For services provided to nursing facility residents, look under heading “Oxygen Services in Nursing Facility”</u></b>					
E1390-01	Oxygen concentrator, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	No	n/a	175.00	
E1405	Oxygen & water vapor enriching system with heated delivery	Yes	Per PAR	297.19	
E1406	Oxygen & water vapor enriching system without heated delivery	Yes	Per PAR	262.60	
<b><u>Oxygen services in nursing facility – See Medicaid Bulletins A9102072 (2/91), B9102083 (6/91), &amp; B0000073 (8/00) for additional information</u></b>					
X2400	Oxygen contents, gaseous, per cubic foot, nursing facility resident	No	.07	n/a	1 item = 1 cubic foot
X2410	Oxygen contents, liquid, per pound, nursing facility resident	No	.82	n/a	1 item = 1 pound
X2416	Oxygen refill for portable gaseous system only, up to 23 cubic feet, nursing facility resident	No	7.17	n/a	1 item = 23 cubic feet or less
X2425-01	Stationary compressed gas system; includes regulator flowmeter, humidifier, nebulizer, cannula or mask, & tubing, nursing facility resident	No	n/a	35.00	
X2430-01	Portable gaseous oxygen system, includes regulator flowmeter, humidifier, cannula or mask, & tubing, nursing facility resident	No	n/a	28.00	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
X2435-01	Portable liquid oxygen system, includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing, & refill adapter, nursing facility resident	No	n/a	82.00	
X2436-01	Monthly rental of centrally located stationary liquid oxygen system (reservoir) used to refill portable units for multiple clients, nursing facility resident	No	n/a	By report	Bill usual & customary charge divided by total number of <b>all</b> clients utilizing reservoir. The total, unduplicated count of clients (regardless of payment source) using the equipment during the month must be maintained in each client's file.
X2437-01	Monthly rental of a portable liquid oxygen system to be filled through a centrally located/shared stationary reservoir, includes portable container, flow humidifier, cannula or mask, tubing & refill adapter, nursing facility resident	No	n/a	57.00	
X2440-01	Oxygen system, liquid, stationary, includes use of reservoir, contents indicator, flow meter, humidifier, cannula or masks, & tubing, per month, nursing facility resident	No	n/a	25.00	
X2477-01	Oxygen concentrator, includes flow meter, humidifier, cannula or mask, & tubing, per hour, nursing facility resident	No	n/a	.24	1 item = 1 hour usage. \$175 (or 729 units) per month maximum for concentrator/equipment.
<b><u>NEBULIZERS, VAPORIZERS, SUCTION</u></b>					
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	No	421.20	n/a	
A7017	Nebulizer, durable glass, or autoclavable plastic, bottle type, not used with oxygen	No	BI	n/a	1 unit = 1 nebulizer
E0570	Nebulizer with compressor	No	110.00	n/a	e.g., Devilbiss, Pulmo-Aid.
E0571	Aerosol compressor, battery powered, for use with small volume nebulizer	No	BI	n/a	
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	No	BI	n/a	
E0574	Ultrasonic generator with small volume ultrasonic nebulizer	No	BI	n/a	
E0575	<i>Nebulizer, ultrasonic, large volume</i>	No	575.00	n/a	<i>e.g., Mistogen.</i>
E0580	Nebulizer, durable glass or autoclavable plastic bottle type for use with regulator or flowmeter, each	No	5.00	n/a	
E0585	Nebulizer with compressor & heater	No	200.00	n/a	
E0600	Respiratory suction pump, home model, portable or stationary, electric	No	296.90	26.00	Rental includes suction tubing.
A7000	Canister, disposable, used with suction pump	No	.50	n/a	1 unit = 1 canister
A7001	Canister, non-disposable, used with suction pump	No	BI	n/a	1 unit = 1 canister
A7002	Tubing, used with suction pump	No	3.00	n/a	1 unit = 1 tubing

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
ZZ003	Suction pump supply or accessory, component of another item	No	BI	n/a	Must attach manufacturer's invoice, amounts, & description. Must be submitted on paper.
A7004	<i>Small volume non-filtered pneumatic nebulizer, disposable</i>	No	1.60	n/a	1 unit = 1 nebulizer
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	No	5.60	n/a	1 unit = 1 nebulizer
A7008	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	No	BI	n/a	1 unit = 1 nebulizer
A7009	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	No	52.00	n/a	1 unit = 1 reservoir bottle
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet	No	3.50	n/a	1 unit = 100 feet
A7011	Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet	No	12.00	n/a	1 unit = 10 feet
A7012	Water collection device, used with large volume nebulizer	No	1.75	n/a	1 unit = 1 device
A7013	Filter, disposable, used with aerosol compressor	No	2.35	n/a	1 unit = 1 filter
A7014	<i>Filter, non-disposable, used with aerosol compressor or ultrasonic generator</i>	No	4.00	n/a	1 unit = 1 filter
A7015	Aerosol mask, used with DME nebulizer	No	1.00	n/a	1 unit = 1 mask
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer	No	7.75	n/a	1 unit = dome and mouthpiece
A7018	Water, distilled, used with large volume nebulizer, 1000 ml	No	7.70	n/a	1 unit = 1,000 ml.
A7020	Sterile water or sterile saline, 1000ml, used with large volume nebulizer	No	7.70	n/a	1 unit = 1,000ml.
<b><u>Respiratory care accessories, supplies &amp; related services</u></b>					
<b>Note:</b> All belts, leads, pads, & tubing are included in the rental price. Items may be purchased only for client-owned equipment. Medication for use with respiratory equipment must be provided by a pharmacy and may require prior authorization and billing on pharmacy claim format with NDC number.					
E0455	Oxygen tent excluding croup or pediatric tents, each	No	8.00	n/a	
A4615	Cannula, nasal, each	No	2.50	n/a	Must be provided with rental equipment. Purchase for client owned equipment only.
A4616	Tubing (oxygen), per foot	No	.25	n/a	Must be provided with rental equipment. Purchase for client owned equipment only.
E1353	Regulator, each	No	49.00	n/a	Must be provided with rental equipment. Purchase for client owned equipment only.
A4617	Mouthpiece, each	No	.50	n/a	
E1355	Stand/rack, each	No	29.00	n/a	Purchase for client owned equipment only.
A4618	Breathing circuits, each	No	16.49	n/a	
A4619	Face tent, each	No	5.00	n/a	
A4620	Variable concentration mask, each	No	7.50	n/a	
S8210	Mucus trap	No	BI	n/a	
A4614	Peak expiratory flow rate meter, hand held	No	11.00	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A4621	Tracheotomy mask or collar, each	No	5.00	n/a	
A4622	Tracheostomy or laryngectomy tube, each	No	BI	n/a	
L8501	Tracheostomy, speaking valve, each	No	64.04	n/a	
A4623	Tracheostomy, inner cannula (replacement only), each	No	4.89	n/a	
A4624	Tracheal suction catheter, any type, each	No	1.25	n/a	
A4628	Oropharyngeal suction catheter, each	No	1.38	n/a	1 item = 1 catheter.
A4481	Tracheostomy filter, any type, any size, each	No	BI	n/a	1 item = 1 filter.
A4629	<i>Tracheostomy care kit for established tracheostomy</i>	No	3.45	n/a	1 item = 1 kit.
A7501	Tracheostoma valve, including diaphragm, each	No	BI	n/a	
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	No	BI	n/a	
A7503	Filter holder or filter cap, reusable, for use with tracheostoma heat and moisture exchange system, each	No	BI	n/a	
A7504	Filter for use with tracheostoma heat and moisture exchange system, each	No	BI	n/a	
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	No	BI	n/a	
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with a tracheostoma valve, any type, each	No	BI	n/a	
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	No	BI	n/a	
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	No	BI	n/a	
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	No	BI	n/a	
X2182	<i>Twill tape</i>	No	8.00	n/a	
S8180	Tracheostomy shower protector	No	BI	n/a	Effective 01/01/02
S8181	Tracheostomy tube holder	No	BI	n/a	Effective 01/01/02
ZZ007	Tracheostomy supply, component of another component	Deleted			Deleted 12/31/01. See S8189
S8189	Tracheostomy supply, not otherwise classified	No	BI	n/a	Effective 01/01/02
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler, each	No	34.00	n/a	Includes aerochamber.
S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask	No	BI	n/a	Effective 01/01/02
S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	No	BI	n/a	Effective 01/01/02

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A4611	Battery, heavy duty, replacement for patient owned ventilator, each	No	BI	n/a	
A4612	Battery cables, replacement for patient owned ventilator, each	No	BI	n/a	
A4613	Battery charger, replacement for patient owned ventilator, each	No	331.00	n/a	
E0755	Electronic salivary reflex stimulator, intra oral/non-invasive, each	Yes	BI	n/a	
A4608	Transtracheal oxygen catheter, each	No	BI	n/a	1 item = 1 catheter.
S8999	Resuscitation bag (For use by patient on artificial respiration during power failure or other catastrophic event)	No	111.24	n/a	
E1340	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	Yes	15.50	n/a	Cost of repair cannot exceed cost to purchase replacement equipment. Serial number of the equipment being repaired must be identified in field 12 of the PAR. Paper claims must include serial number. <u>If codes are available to identify specific components, they must be used</u> (e.g., tires, upholstery, batteries, etc.). 1 unit = 15 minutes Annual maximum 480 units or 120 hours of service. (Average 40 units or 10 hours of service per month.)
X2230	Labor, dealer preparation	Yes	15.50	n/a	Limited to specialized, detailed or complex work in the initial preparation of a product. 1 unit = 15 minutes. Annual maximum of 32 units or 8 hours of service. Use E1340 for general repairs beyond the initial product preparation.
X2975	Repairs & labor to client owned equipment costing less than \$150.00 in a 6 month period	No	150.00	n/a	Quick minor repairs to DME products. In addition to labor, the costs of minor parts may be included under this code. Limited to a maximum reimbursement of \$150.00 every 6 months. Paper claims must include serial numbers.
X2985	Cleaning solution for home respiratory equipment	No	9.72	n/a	
<b><u>TENS OR NMES (TRANSCUTANEOUS OR NEUROMUSCULAR ELECTRICAL NERVE STIMULATOR) EQUIPMENT &amp; SUPPLIES – GENERAL USE</u></b>					
<b>Note:</b> TENS or NMES require 2-month rental before purchase. <b>Requires Questionnaire #9. See Appendix M.</b>					
A4630	Batteries, rechargeable, replacement for medically necessary, patient owned TENS, each	No	15.00	n/a	Limited to maximum of 4 per year.
A4595	TENS supplies, 2 lead, per month	No	BI	n/a	Purchase for client owned equipment only.
X2013	TENS supplies, 4 lead, per month	No	BI	n/a	Purchase for client owned equipment only.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0720	TENS, two lead, localized stimulation, each	Yes	BI	35.00	
E0730	TENS, four lead, larger area or multiple nerve stimulation, each	Yes	BI	35.00	
E0731	Form fitting conductive garment for delivery of TENS or NMES with conducting fibers separated from the patient's skin by layers of fabric, each	Yes	BI	n/a	
E0744	Neuromuscular stimulator for scoliosis, each	Yes	BI	100.00	
E0745	Neuromuscular stimulator electronic shock unit, each	Yes	420.00	92.67	
E0747-01	Osteogenesis stimulator, electrical noninvasive, other than spinal applications	Yes	n/a	485.00	
E0748	Osteogenic stimulator, noninvasive, spinal applications	Yes	BI	Per PAR	
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Yes	BI	n/a	
X2260	TENS trial rental, per month (2 months allowed)	Yes	n/a	35.00	<b>Do not use -01 modifier.</b> All TENS rental requires PAR. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental.
Y3240	Battery charger, TENS, each	Yes	50.00	n/a	Must be provided for rental equipment. Purchase for client owned equipment only.
X2005	TENS unit, disposable, for acute or postoperative pain, each	Yes	75.00	n/a	Disposable unit only.
Y3250	TENS tape/adhesive patches, for use with nondisposable electrodes, each	No	.13	n/a	
Y3255	TENS disposable electrodes with tape, any type, each	No	1.10	n/a	Must be provided for rental equipment. Purchase for client owned equipment only.
A4245	Alcohol wipes, each	No	.03	n/a	
ZZ006	TENS supply or accessory, component of another item	Yes	BI	n/a	Must attach manufacturer's invoice, description and amounts. Must be submitted on paper.
<b><u>TRAPEZE, TRACTION &amp; FRACTURE FRAMES – GENERAL USE</u></b>					
E0910	Trapeze bars (also known as "patient helper"), attached to bed, with grab bar	Yes	118.99	19.03	
E0920	Fracture frame, attached to bed, includes weights	Yes	BI	35.00	
E0930	Fracture frame, free standing, includes weights	Yes	BI	35.00	
E0935	Passive motion exercise device, per day	Yes	BI	21.70	Rental per day. First 7 days post-op.
E0940	Trapeze bar, free standing, complete with grab bar	Yes	210.00	25.00	
E0941	Traction device, gravity assisted, any type	Yes	221.81	35.00	
E0942	Cervical head harness or halter, each	Yes	18.93	n/a	
E0943	Cervical pillow, each	Yes	26.39	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0944	Pelvic belt, harness or boat, each	Yes	45.00	n/a	
E0945	Extremity belt or harness, each	Yes	42.28	n/a	
E0946	Fracture frame, dual, with cross bars, attached to bed	Yes	BI	35.00	e.g., Balken, 4 poster.
E0947	Fracture frame, attachments for complex pelvic traction	Yes	BI	35.00	
E0948	Fracture frame, attachments for complex cervical traction	Yes	BI	35.00	
Y2003	Dynasplint, each	Yes	BI	n/a	
Y3440	Dynasplint software	Yes	BI	n/a	
YY005	Replace soft interface material, dynamic adjustable extension/flexion orthosis	Yes	BI	n/a	
E0830	Ambulatory traction device, all types, each	Yes	BI	Per PAR	
E0840	Traction frame, attached to headboard, cervical traction	Yes	62.50	17.50	
E0850	Traction stand, free standing, cervical traction	Yes	BI	17.50	
E0855	Cervical traction equipment not requiring additional stand or frame	Yes	BI	n/a	
E0860	Traction equipment, over door, cervical	Yes	36.75	n/a	
E0870	Traction frame, attached to footboard, extremity traction	Yes	94.30	17.00	e.g., Bucks.
E0880	Traction stand, free standing, extremity traction	Yes	101.78	35.00	e.g., Bucks.
E0890	Traction frame, attached to footboard, pelvic traction	Yes	97.62	17.00	
E0900	Traction stand, free standing, pelvic traction	Yes	103.88	17.00	e.g., Bucks.
<b><u>LYMPHEDEMA PUMPS &amp; COMPRESSORS – SPECIALIZED USE</u></b>					
E0650	Pneumatic compressor, non-segmental home model	Yes	690.00	50.00	
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Yes	1,685.78	50.00	
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	Yes	2,106.00	50.00	
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	Yes	BI	n/a	
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	Yes	87.00	n/a	
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	Yes	BI	n/a	
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg	Yes	BI	n/a	
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Yes	281.00	50.00	
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Yes	BI	50.00	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Yes	BI	n/a	
S8420	Gradient pressure aid (sleeve and glove combination), custom made	Yes	BI	n/a	Effective 01/01/02
S8421	Gradient pressure aid (sleeve and glove combination), ready made	Yes	BI	n/a	Effective 01/01/02
S8422	Gradient pressure aid (sleeve), custom made, medium weight	Yes	BI	n/a	Effective 01/01/02
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	Yes	BI	n/a	Effective 01/01/02
S8424	Gradient pressure aid (sleeve), ready made	Yes	BI	n/a	Effective 01/01/02
S8425	Gradient pressure aid (glove), custom made, medium weight	Yes	BI	n/a	Effective 01/01/02
S8426	Gradient pressure aid (glove), custom made, heavy weight	Yes	BI	n/a	Effective 01/01/02
S8427	Gradient pressure aid (glove), ready made	Yes	BI	n/a	Effective 01/01/02
S8428	Gradient pressure aid (gauntlet), ready made	Yes	BI	n/a	Effective 01/01/02
S8429	Gradient pressure exterior wrap	Yes	BI	n/a	Effective 01/01/02
S8430	Padding for compression bandage, roll	Yes	BI	n/a	Effective 01/01/02
S8431	Compression bandage, roll	Yes	BI	n/a	Effective 01/01/02
<b><u>WOUND THERAPY EQUIPMENT</u></b>					
K0538	Negative pressure wound therapy electrical pump, stationary or portable	Yes	n/a	Per PAR	Price includes equipment & all supplies. 1 unit = one day rental. Requires Questionnaire #12. See Appendix P.
<b><u>REHABILITATION EQUIPMENT – SPECIALIZED USE</u></b>					
X2018	Miscellaneous rehabilitation equipment not otherwise classified	Yes	BI	Per PAR	Must be submitted on paper. Must submit manufacturer's invoice with PAR. Rental and purchase based on percentage of invoice and rate will be determined at the time of PAR approval. PAR copy must be submitted with the claim.
X2196	Helmet (to prevent injury from seizure/other medical condition)	Yes	BI	n/a	1 unit = 1 helmet. Not for prevention of sports related injuries.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
<b><u>ORAL &amp; ENTERAL NUTRITION, FORMULAE, EQUIPMENT &amp; SUPPLIES – SPECIALIZED USE</u></b>					
Equipment, supplies & nutrients for enteral feeding or food supplements are a benefit when prescribed by a physician and prior authorized.					
Items for oral & enteral formulae are based on caloric values. One item (unit) represents 100 calories. If a client requires 1,200 calories per day, total units for one month equals 360 (12 units per day times 30 days). If one can of formula contains 1,200 calories, a case of 12 cans represents 144 units (12 units per can times 12 cans per case). Do not enter units as the number of cans or cases of formulae provided. When submitting PARs, <b>complete Questionnaire #10, Appendix N</b> . When submitting claims, be sure to calculate & enter the number of items correctly. Bill X4155 per unit as designated on invoice.					
<b>Note:</b> Colorado Medicaid is reviewing its list of enteral formulas to insure that the individual products are placed in the appropriate categories (Appendix D). At this time, the pediatric formulas are being placed in Category III, which is associated with HCPCS Code B4153. Examples of the pediatric products include Kindercal, Pediasure, Resource Just for Kids and Nutren. The peptide based elemental formulas are being placed in Category V, which is associated with HCPCS Code B4155. Examples of these elemental products include Vivonex, Tolorex, Peptamen, Duocal and Neocate. This review process will continue until all of the formulas are categorized correctly.					
<b><u>Oral food supplements</u></b>					
X4150	Oral formulae category I: Intact protein, protein isolates, per 100 calories	Yes	.60	n/a	See Appendix D.
X4151	Oral formulae category I-A: Blenderized nutrients, per 100 calories	Yes	1.40	n/a	See Appendix D.
X4152	Oral formulae Category II: Intact protein/protein isolates, calorically dense, per 100 calories	Yes	.50	n/a	See Appendix D.
X4153	Oral formulae Category III: Hydrolized protein/amino acids, per 100 calories	Yes	1.70	n/a	See Appendix D.
X4154	Oral formulae Category IV: Defined formulae for special metabolic needs, per 100 calories	Yes	1.64	n/a	See Appendix D.
X4155	Oral formulae Category V: Modular components (protein, carbohydrates, fat)	Yes	BI	n/a	See Appendix D.
X4156	Oral formulae category VI: Standardized nutrients, per 100 calories	Yes	1.21	n/a	See Appendix D.
<b><u>Enteral formulae</u></b>					
B4150	Enteral formulae; category I; Semi-synthetic intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	.60	n/a	See Appendix D.
B4151	Enteral formulae; category I; Natural intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	1.20	n/a	See Appendix D.
B4152	Enteral formulae; category II; Intact protein/protein isolates (calorically dense) administered through an enteral feeding tube, 100 calories = 1 unit	Yes	.50	n/a	See Appendix D.
B4153	Enteral formulae; category III; Hydrolized protein/amino acids, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	1.70	n/a	See Appendix D.
B4154	Enteral formulae; category IV; Defined formulae for special metabolic need, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	1.64	n/a	See Appendix D.
B4155	Enteral formulae; category V: Modular components, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	2.92	n/a	See Appendix D.
B4156	Enteral formulae; category VI; Standardized nutrients, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	1.21	n/a	See Appendix D.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
<b><u>Enteral equipment &amp; supplies</u></b>					
<b>Note: See the feeding tube/changes and modifications in descriptions, and quantities specific to skin level devices. Quantities exceeding the allowed amount will require additional supporting documentation.</b>					
B9000-01	Enteral nutrition infusion pump, without alarm, each	Yes	n/a	75.00	
B9002-017	Enteral nutrition infusion pump, with alarm, each	Yes	n/a	75.00	
E0776	IV pole, each	Yes	100.00	15.00	
E2000	Gastric suction pump, home model, portable or stationary, electric	Yes	BI	n/a	Effective 01/01/02
B4034	Enteral feeding supply kit: Syringe type, to include syringes, tape and wipes, per day	Yes	5.00	n/a	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.
B4035	Enteral feeding supply kit: Pump fed type, to include pump sets, containers, syringes, tape & wipes, per day	Yes	9.17	n/a	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.
B4036	Enteral feeding supply kit: Gravity fed type, to include gavage sets, containers, syringes, tape & wipes, per day	Yes	6.50	n/a	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.
B4081	Nasogastric tubing with stylet, each	Yes	16.75	n/a	
B4082	Nasogastric tubing without stylet, each	Yes	12.98	n/a	
B4083	Stomach tube, Levine type, each	Yes	1.90	n/a	
X2263	Skin level decompression tube	Yes	15.00	n/a	1 unit = 1 tube. Quantity Allowed: 5-8 per month.
X2267	Skin level gastrostomy device (not including decompression tube or feeding tube)	Yes	BI	n/a	1 unit = 1 kit, including insertion supplies and feeding tube. Quantity Allowed: 1 per month
X2269	Replacement skin level feeding tube (only for use with skin level device, right angle or straight adapter)	Yes	15.00	n/a	1 unit = 1 tube. Quantity Allowed: 5-8 per month
B4084	Gastrostomy/Jejunostomy tube (not skin level device).	Deleted			Deleted 12/31/01. See B4086.
B4085	Gastrostomy tube, silicone with sliding ring, each	Deleted			Deleted 12/31/01. See B4086.
B4086	Gastrostomy/Jejunostomy tube, any material, any type, (standard or low profile), each	Yes	16.88	n/a	Effective 01/01/02. 1 unit = tube
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	Yes	BI	n/a	1 unit = 1 device.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
B9998	Miscellaneous enteral supplies not otherwise classified. (Extension sets [not included in feeding kit code] 24 hour use-one time use only as stated by manufacturer).	Yes	BI	Per PAR	Include description & quantities on PAR. For rental, must submit manufacturer's invoice with PAR. Rental based on percentage of invoice & rate will be determined at the time of PAR approval. PAR copy must be submitted with claim. Do not use for items included in supply kits. Quantity Allowed: 30 per month
X2193	Breast Pump, Manual	Deleted			Deleted 12/31/01. See E0602.
E0602	Breast Pump, manual, any type	No	20.00	n/a	Narrative change effective 01/01/02. Includes kit and all supplies. Only available for use with premature infants and infants in critical care, and only during period of infant hospitalization.
E0603	Breast Pump, electric (AC and/or DC), any type	Yes	n/a	2.50	Effective 01/01/02. Includes breast pump and all supplies. Purchase is available only for use with premature infants and infants in critical care, and only during period of anticipated infant hospitalization of 27 days or more. Rental is available only for periods of infant hospitalization anticipated to be less than 27 days. When renting: 1 unit = 1 day.

**HOME IV THERAPY – SPECIALIZED USE**

Home IV therapy, when utilized for total parenteral nutrition (TPN), the administration of antibiotics, the maintenance of electrolyte balances or hydration is a benefit of the Colorado Medicaid Program. Services must be prescribed by a physician and prior authorization is required.

Home IV therapy equipment & supplies may be provided by pharmacies or suppliers.

Biological preparation (IV nutrients, drug or other solutions), antibiotic solutions, and TPN solutions must be provided by a pharmacy & are billed on the Pharmacy claim form using NDC numbers. Prior authorization requests must reflect the appropriate NDC numbers.

**Parenteral equipment & supplies**

B9004-01	Parenteral nutrition infusion pump, portable	Yes	n/a	250.00	1 unit = 1 month rental.
B9006-01	Parenteral nutrition infusion pump, stationary	Yes	n/a	145.00	1 unit = 1 month rental.
E0791-01	Parenteral infusion pump, stationary, single or multi channel	Yes	n/a	145.00	1 unit = 1 month rental.
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administration equipment, worn by patient	Yes	344.16	n/a	1 unit = 1 month supply.
A4305	Disposable Drug Delivery System, flow rate of 50 ml or greater per hour	Yes	BI	n/a	1 item = 1 system.
A4306	Disposable Drug Delivery System, flow rate of 5 ml or less per hour	Yes	BI	n/a	1 item = 1 system.
E0782	Infusion Pump, implantable	Yes	BI	n/a	

Reference B0200121 (02/02)

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	Yes	BI	Per PAR	1 item =1 pump. 8 hours or greater.
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours.	Yes	BI	Per PAR	1 item =1 pump. Less than 8 hours.
K0455	Infusion pump used for uninterrupted administration of epoprostenol	Yes	BI	Per PAR	1 item = 1 system. 1 item = 1 month rental.
S5035	Home infusion therapy, routine service of infusion device (e.g. pump maintenance)	Yes	BI	Per PAR	Effective 01/01/02. For client owned equipment only. Cannot be billed with E1340 or X2975. Do not use for skilled nursing visits for initial or subsequent pump set-ups. 1 unit = 15 minutes
S5036	Home infusion therapy, repair of infusion device (e.g. pump repair)	Yes	BI	Per PAR	Effective 01/01/02. For client owned equipment only. Cannot be billed with E1340 or X2975. Do not use for skilled nursing visits for initial or subsequent pump set-ups.
B4220	Parenteral nutrition supply kit: Premix, including gloves, wipes, alcohol, acetone, providone iodine scrub, ointment, swab sticks, sponges, Heparin flush, tape, caps, syringes, needles, ketodiastic & destruclick, per day	Yes	6.10	n/a	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.
B4224	Parenteral nutrition administration kit, includes luer lok & microfilter, pump cassettes, clamps, extension sets & connectors, per day	Yes	20.00	n/a	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	Yes	BI	n/a	Effective 01/01/02. 1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	Yes	BI	n/a	Effective 01/01/02. 1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.
B9999	Miscellaneous Parenteral supplies not otherwise classified	Yes	BI	n/a	Include description & quantity on PAR. Do not use for items included in kits. Submit paper claim with manufactures invoice attached.

**PROSTHETICS & ORTHOTICS**

Prostheses and orthoses are a covered Medicaid benefit for the adult Medicaid population. The benefit includes such items as breast prostheses, braces, artificial limbs, augmentative communication devices, and orthopedic shoes for diabetic clients. These items must be prescribed by the client's physician and prior authorized before services are rendered. Prior authorization requests must be submitted to CFMC for review. The request must include the completed Questionnaire #11, (Appendix O), or Questionnaire #13 (Appendix R). Refer to DMERC orthotic and prosthetic list or HCPCS book 2002 for a complete listing of procedure codes. Medicaid coverage generally follows Medicare coverage.

A4280	Adhesive skin support attachment for use with external breast prosthesis, each	No	BI	n/a	1 unit = 1 attachment.
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**WHEELCHAIR CODING CHART**

<b>Manufacturer/ Brand Name</b>	<b>Model Name/Number</b>	<b>Type</b>	<b>HCPCS Code</b>
21 <sup>st</sup> Century Scientific	Bounder	Power	K0011
	Big Bounder, Bounder Plus	Power	K0014
Adorno Rogers Technology, Inc.	Adorno ActivX 400	Manual	K0004
	Adorno ActivX 500	Manual	K0005
American Bantex Corporation	Bantex Superline Wheelchair (A05-16, A05-18, A07-16, A07-18)	Manual	K0001
	Bantex Regent Lightweight Wheelchair (R07-20)	Manual	K0003
	Bantex Regent Lightweight Wheelchair (R05-16, R05-18, R07-16, R07-18)	Manual	K0004
	Bantex Regent Lightweight Wheelchair (R07-20)	Manual	K0054
Amigo Mobility	Amigo Excite	Power	K0011
Bruno Independent Living Aids, Inc.	Bruno PWC-2210, Bruno PWC-2310	Power	K0010
	Bruno PWC-2200, Bruno PWC-2300	Power	K0011
Canadian Wheelchair Mfg.	Magic VM Hemi, Magic VM Semihemi, Magic VM Standard, Magic VM Superlow	Manual	K0003
Convoid	Safari Tilt	Manual	K0009
Custom Adaptive Vans	ATM Power Choice Wheelchair	Power	K0011
Dalton Medical	Jaguar, SeaHawk Convertible 790, SeaHawk Super Hemi 799, SeaHawk Super Hemi 799C	Manual	K0004
Damaco	Electro Lite Elite	Manual	K0001
	Applause, Electro Lite (N)	Manual	K0004
DCC Shoprider	Streamer 888W, Streamer 888WS	Power	K0011
Eagle Parts and Products, Inc.	Liberty 624	Power	K0011
Electric Mobility	Chauffeur 305	Power	E1230
	Chauffeur 250 JS (with joystick), Chauffeur 250 PC, Chauffeur 255 JS HD (with joystick), Chauffeur 255 PC, Chauffeur 270 JS (with joystick), Chauffeur 275 JS HD SL (with joystick)	Power	K0010
	Rascal 250 (M), Rascal 250 PC, Rascal 255 (M), Rascal 255 JS HD, Rascal 270 (M), Rascal 270 JS SL, Rascal 275 with joystick (M), Rascal 275 JS HD SL,	Power	K0010
	Rascal Powerchair, Viva Powerchair	Power	K0011
Enduro Wheelchair Co.	Taurus	Manual	K0002
	Libra, Little Star, Pegasus, Tyke	Manual	K0009
Etac	New Traveler (I)*, Premier Classic (D)** (09/95), Traveler (A)*, Traveler L, Universal (A)*, Vista	Manual	K0001
	New Traveler Hemi, Traveler (B), Universal (B)	Manual	K0002
	EZ Lite** (03/96), Lightning	Manual	K0003
	Etac Twin, Swede Basic, Swede F3, Lightning LX, Vision Millenium, Metro, Metro LE, P2 Plus, SPF	Manual	K0004
	Metro LX, Swede ACT, Swede Cross, Swede Elite, Vision Barracuda, Vision Millenium, Vision Epic, Vision FX** (12/95), Vision Nitro, Vision Reactor, Vision Record	Manual	K0005
	New Traveler, Universal (C)	Manual	K0006
	Metro XD, Premier Classic (F)** (09/95), Traveler XD	Manual	K0007
	Sprint II	Power	K0010
	Lancer 2000, Magnum, MX, Navigator, Sabre, Sprint, Vortex (J), Sabre LTD, Solaire	Power	K0011
	Metro Power, Tempest, Quest	Power	K0012
	Lancer, Xcaliber	Power	K0014
	Everest & Jennings	EZ Lite** (03/96)	Manual
Lancer		Power	K0014
Lancer 2000		Power	K0011
Lightning		Manual	K0003
Lightning LX		Manual	K0004
Magnum		Power	K0011
Metro		Manual	K0004
Metro LE		Manual	K0004
Metro LX		Manual	K0005
Metro Power		Power	K0012
Metro XD		Manual	K0007
MX		Power	K0011
Navigator		Power	K0011
New Traveler (Heavy-duty)		Manual	K0006

Manufacturer/ Brand Name	Model Name/Number	Type	HCPCS Code
	New Traveler (Standard)	Manual	K0001
	New Traveler Hemi	Manual	K0002
	P2 Plus	Manual	K0004
	Premier Classic (F)** (09/95)	Manual	K0007
	Premier Classic (D)** (09/95)	Manual	K0001
	Quest	Power	K0012
	Sabre	Power	K0011
	Sabre LTD	Power	K0011
	Solaire	Power	K0011
	SPF II	Manual	K0004
	Sprint	Power	K0011
	Sprint II	Power	K0010
	Tempest	Power	K0012
	Traveler (A)*	Manual	K0001
	Traveler (B)	Manual	K0002
	Traveler L	Manual	K0001
	Traveler XD	Manual	K0007
	Universal (Standard hemi), (B)	Manual	K0002
	Universal (Heavy-duty), (C)	Manual	K0006
	Universal (A)*, (Standard)	Manual	K0001
	Vision Barracuda	Manual	K0005
	Vision Epic	Manual	K0005
	Vision FX** (12/95)	Manual	K0005
	Vision Millenium	Manual	K0004
	Vision Nitro	Manual	K0005
Vision Reactor	Manual	K0005	
Vision Record	Manual	K0005	
Vista	Manual	K0001	
Vortex (J)	Power	K0011	
Xcaliber	Power	K0014	
Evermed	Millenium Standard, Value Standard	Manual	K0001
	Advantage Hemi-Convertible (CAD60FP, CAD60LP, CAD80FP, CAD80LP, CAD00FP, CAD00LP)	Manual	K0002
	Advantage Lightweight (CAL09FP, CAL09LP, CAL89FP, CAL89LP)	Manual	K0003
	Advantage Lightweight (CAL69FP, CAL69LP), Galaxy High Strength Lightweight, Galaxy Transformer Lightweight (CLT68FP, CLT68LP, CLT88FP, CLT88LP, CLT08FP, CLT08LP)	Manual	K0004
	Millenium Extra Wide (CWD00FP, CWD00LP, CWD20FP, CWD20LP, CWD40FP, CWD40LP), Super Ram Bariatric Reclining (CRX20LP, CRX40LP), Super Ram Bariatric (CXD20XP, CXD20LP, CXD40XP, CXD40LP, CXD60XP, CXD60LP, CXD80XP, CXD80LP, CXD00XP, CXD00LP)	Manual	K0007
	Comfy Pediatric Reclining (CRK26LP, CRK46LP), Millenium Recliner	Manual	K0009
Gendron	5810LFW, 5812, 5814 (D), 5825 (D), 5830 (D), 7108, 7810 (D), 8555	Manual	K0001
	Acti-Lite Recliner	Manual	K0001(I)
	5811(G)	Manual	K0002
	2058, 2811(D), 5810, Medi-Lite DX 2158	Manual	K0003
	4000, Acti-Lite Adult 1000, Acti-Lite Wide 1000	Manual	K0004
	2811(F), 5811(F), 5830 (F), 6500, 7810 (F), 5814 (F), 5825 (F), 58184Q, 6518Q	Manual	K0007
	Acti-Lite Youth 3000	Manual	K0009
Golden Technologies	Alante Power (GP-100)	Power	K0011
Guardian	GS-2000 (A), H-1000, H-2000 (A)	Manual	K0001
	GL-2000 (B), GS-2000 (B), H-2000 (A)	Manual	K0002
	GL-2000(H)	Manual	K0003
Gunnell	MAC Complete, MAC Mobility Base, TNT Adult, TNT Lite	Manual	K0009
Hoveround	HVR1	Manual	K0001
	HVR2	Manual	K0002
	HVR3	Manual	K0003
	HVR6	Manual	K0006

**WHEELCHAIR CODING CHART**

<b>Manufacturer/ Brand Name</b>	<b>Model Name/Number</b>	<b>Type</b>	<b>HCPCS Code</b>
	HVR7	Manual	K0007
	LTV, MPV, Technique HVR 200	Power	K0011
Invacare	9000 Recliner (I), Rolls 900, Rolls 4000 (D), Tracer, Tracer LX-SA (A), Tracer Plus, Futuro 4800, Futuro 4130, CareGuard, Invacare MG, Tracer EX	Manual	K0001
	Tracer LX-Hemi (B), Tracer DLX	Manual	K0002
	Rolls 2000, Tracer LT, Tracer SX	Manual	K0003
	9000 SL Series, 9000 Tall, 9000 XT Series, Patriot, Ride Lite 2000, Ride Lite 9000, CareGuard Titan, Patriot SL, Tracer Titan, XT	Manual	K0004
	Action Allegro, Action Xtra, Action MVP, Action Style, Action Pro-T, Super Action Pro-T, Action Pro, Action A4, Action F4, Action Top End Terminator, Spyder	Manual	K0005
	Rolls 900 (E)	Manual	K0006
	Rolls 4000 (F), 9000XDT, Tracer IV	Manual	K0007
	Action AT, Action Comet, Action Jr., Action Orbit, Solo Wheelchair, Youthmobile 9000	Manual	K0009
	Action Excel	Power	K0010
	Pronto M6 (M1065BL, M1065RD), Pronto R2 with MKIVRII (R2MWD), Ranger II, Ranger X, Storm Ranger X, Storm Torque, MP-3 Power Base Chair	Power	K0011
	Action P7E, Power 9000	Power	K0012
	Action Arrow, Arrow, Storm Arrow, XT, Action Tiger	Power	K0014
	Kareco	Impact Recliner, Rough Rider	Manual
Impact-Hemi		Manual	K0002
Impact-Lite Hemi, Klassic-Lite, Klassic-Plus		Manual	K0003
Impact-Lite Wide		Manual	K0006
Impact Wide		Manual	K0007
Kuschall	Champion 1000	Manual	K0004
	Champion 3000, Competitor, Rebel	Manual	K0005
Labac	MRC (I)	Manual	K0001
	BTC, MTC, MTRC	Manual	K0009
Leisure Lift, Inc.	PaceSaver Scout <sup>NP</sup> , Scout M2	Power	K0010
	PaceSaver Scout, Scout M1	Power	K0011
Levo USA, Inc.	Levo Active-Easy LAE, Levo Compact LC, Levo Compact-Easy LCE	Manual	K0001
	Levo Mobil LCM Comfort	Power	K0011
Liberator Wheelchairs, Inc.	Liberator	Power	K0011
Love Lift	Love Lift System 2214P	Power	K0014
Lumex	Wheeled Chair Table (model 528)	Manual	E1031
	1000 Series, 4000 Series, 5000 Series Transport, Trekker, Trekker Heavy Duty Wide, Trekker X (Deluxe)	Manual	K0001
	5000 Series Hemi, Trekker Full Recliner, Trekker Hemi	Manual	K0002
	3000 Series, Trekker L, Trekker X (Deluxe)	Manual	K0003
	6000 Series, 6000 Series Hemi, Trekker H	Manual	K0004
	5000 Series Wide 20" (K)	Manual	K0006
	5000 Series Wide 22" (L), 5000 Series Wide 24" (L)	Manual	K0007
Major Mobility Products	Mirage Standard (5116FA-SF, 5116FA-EL, 5116RA-SF, 5116RA-EL, 5118FA-SF, 5118FA-EL, 5118RA-SF, 5118RA-EL)	Manual	K0001
	Falcon Lightweight (7118RA-SF, 7118RA-EL)	Manual	K0003
	Viper Lightweight (8116FB-SF, 8116FB-EL, 8118FB-SF, 8118FB-EL, 8116AH-SF, 8116AH-EL, 8118AH-SF, 8118AH-EL)	Manual	K0004
	Mirage Heavy Duty (6120RA-SL, 6120RA-EL, 6122RA-SF, 6122RA-EL)	Manual	K0006
Maple Leaf Wheelchairs	MLT700A, MLTR600, NRG + Recliner	Manual	K0001
	Access, NRG +. Swift	Manual	K0003
	Superlift	Manual	K0009
Medline	Excel (MDS806100, MDS806150, MDS806200, MDS806250, MDS806300)	Manual	K0001
	Excel 2000 (MDS806100D, MDS806150D, MDS806200D, MDS806250D, MDS806300D)	Manual	K0001
	Excel Extra Wide (MDS806700, MDS806750, MDS806800, MDS806850)	Manual	K0007
	Excel Hemi (MDS806400)	Manual	K0002
	Excel K4 (MDS806500, MDS806550)	Manual	K0004
	Excel Lightweight (MDS806600, MDS806650)	Manual	K0003
	Excel Narrow (MDS806150N, MDS806200N, MDS806250N, MDS806300N)	Manual	K0001

**WHEELCHAIR CODING CHART**

<b>Manufacturer/ Brand Name</b>	<b>Model Name/Number</b>	<b>Type</b>	<b>HCPCS Code</b>
	Shuttle (MDS809500, MDS809525, MDS809550, MDS809575)	Manual	K0007
Medbloc	Eclipse 350	Manual	K0007
	Eclipse 800	Manual	K0009
Medical Depot, Inc.	Sentra Deluxe (STD16FAFF, STD16FA, STD16DDA, STD18FAFF, STD18FA, STD18DDA), Sentra Plus (PSTD16DDA, PSTD16DFA, PSTD16ADDA, PSTD16ADFA, PSTD18DDA, PSTD18DFA, PSTD18ADDA, PSTD18ADFA, PSTD20EDDA, PSTD20CDFA, PSTD20CADD, PSTD20CADFA), Sentra Reclining (STD16RBDDA, STD16RBDFA, STD16BADDA, STD16RBDFA, STD18RBDDA, STD18RBDFA, STD18BADDA, STD18RBDFA, STD20RBDDA, STD20RBDFA, STD20BADDA, STD20RBDFA)	Manual	K0001
	Astaire Plus (PL316DFA, PL316ADDA, PL316ADFA, PL318DDA, PL318ADDA, PL3118DFA, PL3118ADFA, PL320DDA, PL320ADDA, PL320DFA, PL320ADFA, PL322DDA, PL322ADDA, PL322DFA, PL322ADFA) Astaire (L316DDA, L316DFA, L318DDA, L318DFA)	Manual	K0003
	Viper Plus (PL416FBDAAR, PL416FBFAAR, PL418FBDAAR, PL418FBFAAR, PL420FBDAAR, PL420FBFAAR, PL422FBDAAR, PL422FBFAAR) Viper (L416DDA, L416DFA, L418DDA, L418DFA, L420DDA, L420DFA)	Manual	K0004
	Sentra Heavy Duty (STD20DDA, STD20ECDDA, STD20DFA, STD20ADDA, STD20ADFA, STD22DDA, STD22DFA, STD22ADDA, STD22ADFA, STD24DDA, STD24DFA, STD24ADDA, STD24ADFA)	Manual	K0007
	Sentra Reclining (STD16RBDDA, STD16RBDFA, STD16BADDA, STD16RBDFA, STD18RBDDA, STD18RBDFA, STD18BADDA, STD18RBDFA, STD20RBDDA, STD20RBDFA, STD20BADDA, STD20RBDFA)	Manual	K0025
	Sentra Reclining (STD16RBDDA, STD16RBDFA, STD16BADDA, STD16RBDFA, STD18RBDDA, STD18RBDFA, STD18BADDA, STD18RBDFA, STD20RBDDA, STD20RBDFA, STD20BADDA, STD20RBDFA) Viper Plus (PL416FBDAAR, PL416FBFAAR, PL418FBDAAR, PL418FBFAAR, PL420FBDAAR, PL420FBFAAR, PL422FBDAAR, PL422FBFAAR)	Manual	K0028
	Merits Health Products	Pioneer II	Power
Travel Ease M2		Manual	K0001
Travel Ease Hemi M46		Manual	K0002
M11		Manual	K0003
Rover Travel Ease M12		Manual	K0004
Travel Ease 20"		Manual	K0006
Travel Ease 22", Travel Ease 24"		Manual	K0007
Power Base Chair MP-3, Travel Ease		Power	K0011
Morgan Tech, Inc.	Microlite SL, Microlite SLS, SL, SLS	Manual	K0003
Natural Access	Landez All-Terrain	Non-covered	A9270
Optima	EcoStar, Premium	Manual	K0003
	Ultralight, Universal	Manual	K0004
	Sport One	Manual	K0005
	Super Junior, Super One	Manual	K0009
Optiway Technology, Inc.	Corsair	Power	K0011
Ortho Fab	Grizzly, Kameleon	Power	K0011
Otto Bock Group	Protege, Z-750	Manual	K0004
	Z-700B, Z-700C, Z-700L	Manual	K0005
Pediatric	Manual	Manual	K0009
	Power	Power	K0014
Permobil	Avenger, G Force, Boing, Challenger, Eclipse 600, Impact, Swoosh, Xtreme	Manual	K0005
	Little Dipper	Manual	K0009
	Chairman Basic, Chairman Entra	Power	K0011
	Chairman (J), Hexior (J), Max 90 (J)	Power	K0014
Pillar Technology, Inc.	Deluxe Snappy (TE88WS), Snappy (TE88W)	Power	K0011
	888WS-HD500	Power	K0014
PMI Incorporated	PMI Standard (1001, 1002, 1003, 1004, 1009, 1010, 1011, 1012)	Manual	K0001
	PMI Lightweight (2010, 2011, 2012, 2013), PMI Standard (1005, 1006, 1007)	Manual	K0003
	PMI High Strength Lightweight (1601, 1602, 1801, 1802)	Manual	K0004
	PMI Heavy Duty (1013, 1014)	Manual	K0007

**WHEELCHAIR CODING CHART**

<b>Manufacturer/ Brand Name</b>	<b>Model Name/Number</b>	<b>Type</b>	<b>HCPCS Code</b>
Pride	Jazzy PHC-10, Jet 10, Jet 105	Power	K0010
	Jazzy (1100, 1113, 1115, 1120, 1143), Jazzy Basic (1104, 1105) Jazzy Mini Power 1103, Jazzy (PHC1, PHC5), Jazzy XL 1170, Jet 1, Jet 3	Power	K0011
	Jet 12	Power	K0012
	Jazzy (1420, 1420, 1470)	Power	K0014
Quickie	Recliner (I), Breezy, EX, RX, LX, Breezy 600	Manual	K0004
	LXI, Carbon, GP, GPS, GPS Swing-away, GPS Ti, GPV, Quickie 2, Quickie 2 HP, Revolution, Quickie ST/DT, Ti, Triumph	Manual	K0005
	TS	Manual	K0009
	P190, P-200, P-210 (J), G424, S525	Power	K0011
	P-100, P-110, Quickie V-121 (formerly Quickie P-120)	Power	K0012
	P-300, P320	Power	K0014
Redman	Chief 107SR, Geronimo RC, Geronimo PR (J), Power Road Warrior, Road Savage	Power	K0011
	Chief RU, Chief SR	Power	K0014
	Chief 107SR	Accessory	K0108
Roll-Ability USA, Inc.	J.A.G. Lightweight	Manual	K0005
The Standing Company	Lifestand	Manual	K0009
Suiter Medical	World Class Wheeled Chair	Manual	K0009
Summit Durable Medical Equipment	Catalina (120, 120S, 130, 130L/DX, 130S), Dimension (180E, 180LE, 180SE),	Manual	K0001
	Pioneer (140, 150, 150L, 150L/DX, 150S)	Manual	K0002
	Horizon ( 250, 250L, 250S), Legacy (290, 290E, 290L, 290LE), Legacy Ultra (310L, 310LE), Lunar (260/DLX, 260E/DLX), Newport (220, 220S, 220/DLX, 230, 230L, 230S), Pioneer (140S)	Manual	K0003
	Excel (340, 340E, 340S, 340SE), Legacy (290S, 290SE), Legacy Ultra (310, 310S, 310E, 310SE) Legacy Ultra X (320, 320L, 320S, 320E, 320LE, 320SE)	Manual	K0004
	Sierra (150XL, 150XXL)	Manual	K0007
Sunrise Medical	Breezy, Breezy 2, Breezy 500, Breezy 510, Breezy 600, Quickie EX, Quickie LX, Quickie Recliner, Quickie RX	Manual	K0004
	Quickie 2, Quickie 2HP, Quickie Carbon, Quickie GP, Quickie GP Swing-Away, Quickie GPS, Quickie GPS Ti, Quickie GPV, Quickie LXI, Quickie Revolution, Quickie Shadow, Quickie ST/DT, Quickie Ti, Quickie TNT, Quickie Triumph,	Manual	K0005
	Quickie M6	Manual	K0007
	Quickie Kidz, Quickie T45, Quickie TS	Manual	K0009
	Quickie G-424, Quickie P-190, Quickie P-200, Quickie P-210, Quickie S-525, Quickie V-521	Power	K0011
	Quickie P-100, Quickie P-110, Quickie P-120, Quickie V-121	Power	K0012
	Quickie P-300, Quickie P-320	Power	K0014
Teftec Corporation	Omega Trac	Power	K0011
Theradyne	Envoy Recliner, Maxim Recliner	Manual	K0001
	Envoy Hemi, Envoy Standard, Integra, T-Bird Standard, Maxim Hemi, Maxim SL, Maxim SL Hemi, Maxim Standard, Maxim SL Standard, Venture Hemi, Venture Hemi Lightweight, Venture Lightweight, Venture Standard	Manual	K0003
	Envoy Lightweight, Maxim Lightweight	Manual	K0004
	T-Bird Adjustable	Manual	K0005
	Envoy Wide, Maxim Wide, Venture Wide	Manual	K0007
	T-Bird Youth	Manual	K0009
	Rover LWF Plus, Rover LWF T1, Vasselli T1, Vassilli T2	Power	K0011
	Rover LWF T1 Junior, Rover R, Rover TS, Vassilli Lifestyle, Vassilli Manual Stander, Vassilli Manual Stander Junior, Vassilli Power Stander, Vassilli Power Stander Junior, Vassilli Recline, Vasselli T1 Junior, Vassilli T2 Junior, Vassilli Tilt	Power	K0014
Trac About, Inc.	IRV 2000	Power	K0014
Tuffcare	Eagle, Reliance, Tuffy Deluxe 867/877, Tuffy Recliner 477, Tuffy Standard 257/267/277	Manual	K0001
	Hemi Deluxe/Adult, Tuffy Hemi 887/897	Manual	K0002
	Economy 247, Falcon, Falcon Hemi/Adult, Hawk Convertible 795, Hawk Super Hemi, Tuffy Hemi Light 687/697, Tuffy Light 687/697	Manual	K0003
	Compact 777, Compact Super Hemi (770, 797, 797W)	Manual	K0004
	Super Eagle	Manual	K0006

Manufacturer/ Brand Name	Model Name/Number	Type	HCPCS Code
	Extra Wide Hemi (352, 352X, 355, 357), Extra Wide Recliner (495, 497E, 497XE), Newport Extra Wide (L), Super Extra Wide, Tuffy Extra Wide 377, Tuffy Extra Wide Hemi 356/358, Tuffy Super Extra Wide 397	Manual	K0007
	Falcon Hemi/Pediatric, Falcon Pediatric, Falcon Pediatric Recliner, Hemi/Deluxe Pediatric, Newport Recliner/Adult, Newport Recliner 475 (Pediatric), Newport Recliner (475, 477E, 477WE - Adult), Newport Recliner/PediatricTransporter, Tilt-in-Space Recliner 455, Ultra Lightweight Transporter, Compact Pediatric 997,	Manual	K0009
	Challenger DX 1450 (1450, 1450E, 1450N, 1450NE, 1450W, 1450WE)	Power	K0010
	Challenger 2000, Challenger DX 1500, Challenger Recliner 2040	Power	K0011
	Challenger Extra Wide 2500, Challenger Pediatric 1000	Power	K0014
Vestil Innovation in Motion	Extreme 4x4	Power	K0014
Wheel Ring, Inc.	Taurus	Manual	K0003
Wheelcare, USA	Powerchair	Power	K0014
Wheelchairs of Kansas	WIZZ-ard	Manual	K0006
	BCW 600, BCW Advantage (BCWAD22, BCWAD24, BCWAD26, BCWAD28, BCWAD30), BCW Recliner	Manual	K0007
	BCW Power, BCW Powerchair (BCWPR), Overlander/PEV 2000	Power	K0014
Winmed Products Company	Tango Power Wheelchair	Power	K0011
WU HO Medical	EIM	Manual	K0005
XL Manufacturing	Pacer	Manual	K0003
	Comp	Manual	K0004
	Challenger	Manual	K0009

**Footnotes:**

- (A) Use K0001 if seat height is ≥ 19 inches and seat width is < 22 inches. (H) Use K0003 if seat height is < 19 inches.
- (B) Use K0002 if seat height is < 19 inches and seat width is < 22 inches. (I) Code the reclining back separately using K0028.
- (C) Use K0006 if seat width is ≥ 22 inches. (J) Code the power recline/tilt separately using K0108.
- (D) Use K0001 if seat width is < 20 inches. (K) Code seat width of 10 or 20 inches separately using K0057.
- (E) Use K0006 if seat width is ≥ 20 inches. (L) Code seat width > 18 inches separately using K0108.
- (F) Use K0007 if seat width is ≥ 20 inches. (M) Use code K0010 only if the model comes with joystick control. Use E1230 if the model comes with side-mounted tiller control.
- (G) Use K0002 if seat width is < 20 inches. (N) Code the power module separately using K0108.

\* E & J Traveler and Universal were consolidated to create the New Traveler.

\*\* These models have been discontinued. The effective date is listed beside each model name

**POWER OPERATED VEHICLES AND ROLLAABOUT CHAIRS PRODUCT CLASSIFICATION LIST**

<b>Product Name</b>	<b>Manufacturer</b>	<b>HCPCS Code</b>
3-Position Recliner (Model 574)	Lumex	E1031
3-Position, Heavy-Duty Recliner (Model 561)	Lumex	E1031
5000 Series Transport	Tuffcare	E1031
Activa POV	Hoveround	E1230
BioCare Seating System	Temco	E1031
Body Guard	May Corporation	E1031
Broda 785 Tilt Recliner	Broda Seating	E1031
Broda 885 Tilt Chair	Broda Seating	E1031
Broda Adult Small Glider (Model 100-10AS)	Broda Seating	A9270
Broda Basic Tilt Chair (Model 80V)	Broda Seating	E1031
Broda Basic Tilt Recliner (Model 30VT)	Broda Seating	E1031
Broda Elite Chair (Model 35V)	Broda Seating	E1031
Broda Elite Chair (Model 75V)	Broda Seating	E1031
Broda Elite Chair (Model 85V)	Broda Seating	E1031
Broda Glider (Model 100-20)	Broda Seating	A9270
Broda Pedal Chair (Model 48)	Broda Seating	E1031
Broda Straight Chair (Model 300-20)	Broda Seating	A9270
Cabbie companion	Kareco	E1031
Care Cliner	Winco	E1031
Caremor Cliner	Winco	E1031
Carony Transport Wheelchair (Model TAS-00910)	Bruno Independent Living Aids	E1031
Celebrity	Pride Healthcare	E1230
Chanson	WINMED Products Co.	E1230
Chanson IV	WINMED Products Co.	E1230
Chauffeur (Model 250, 255 HD, 270 SL, 275 HD SL)	Electric Mobility	E1230
Chauffeur Model 305	Electric Mobility	E1230
Clinical Care Recliner (Model 577)	Lumex	E1031
Companion (GC-220)	Golden Technologies	E1230
Companion Chair	Everest & Jennings	E1031
Companion II (GC-320)	Golden Technologies	E1230
Convoid Convertible Model CV12	Convoid	E1031
Convoid Convertible Model CV14	Convoid	E1031
Convoid Convertible Model CV16	Convoid	E1031
Convoid Convertible Model CV18	Convoid	E1031
Convoid Cruiser	Convoid	E1031
Convalescent Recliner	Winco	E1031
Cyclone 3 Sport Scooter (Models SPSC4000RED, SPSC4000VBLU, SPSC4000BLK, SPSC4400FGRE)	Pride Mobility Products Corporation	E1230
Cyclone 4 Sport Scooter (Models SPSC4400RED, SPSC4400VBLU, SPSC4400BLK, SPSC4400FGRE)	Pride Mobility Products Corporation	E1230
DMI Transport Chair	Duro-Med Industries	E1031
Dyna-Po	May Corporation	E1031
Envoy Transport	Theradyne	E1031
Escort II 3000	Tuffcare	E1230
Excel Passenger Transport	Medline	E1031
Explorer Scooter	Ortho Kinetics, Inc.	E1230
EZ Fold 400	McBon	E1031
Gendron Model 9510	Gendron	E1031
Gendron Model 9810	Gendron	E1031
Golden Eagle GE-300	Golden Technologies	E1230
Golden Eagle GE-400	Golden Technologies	E1230
Golden Eagle GE-600	Golden Technologies	E1230
Golden Eagle GE-700	Golden Technologies	E1230
Golden Years Chair	Winco	E1031
Guardian Transport Chair (#997-0610)	Sunrise Medical	E1031

**POWER OPERATED VEHICLES AND ROLLABOUT CHAIRS PRODUCT CLASSIFICATION LIST**

<b>Product Name</b>	<b>Manufacturer</b>	<b>HCPCS Code</b>
H-1000 Transport	Guardian	E1031
High-Back Chair Table (Model 546)	Lumex	E1031
HTR Tilt/Recline Chairs	Canadian Wheelchair	E1031
Institutional Transporter 800	Tuffcare	E1031
Invacare Multi-Position Recliner (Models 6907, 6907-A, 6908)	Invacare	E1031
Laser 3 Sport Scooter (SPSC300RED, SPSC300VBLU, SPSC340OBLK)	Pride Mobility Products Corporation	E1230
Laser 4 Sport Scooter (SPSC340RED, SOS340VBLU, SPSC340OBLK)	Pride Mobility Products Corporation	E1230
Liberty 324	Eagle arts and Products	E1230
Life Cliner	Winco	E1031
Limo III 3500 and 4000	Tuffcare	E1230
Lynx LX-3 Personal Mobility Vehicle	Invacare	E1230
Lynx SX-3 Personal Mobility Vehicle	Invacare	E1230
Lynx SX-3P Personal Mobility Vehicle	Invacare	E1230
Maple Leaf MLT 500 T/R Chair	Maple Leaf Wheelchairs	E1031
Maple Leaf MLT 700B Tilt Chair	Maple Leaf Wheelchairs	E1031
Optiway 2001 LXS3	Optiway Technology	E1230
Optiway 2001 LXS4	Optiway Technology	E1230
P2 Companion Wheelchair	Everest & Jennings	E1031
Panda Pediatric Positioning System	Otto Bock Rehab	E1031
Panther LX-4 Personal Mobility Vehicle	Invacare	E1230
Panther MX-4 Personal Mobility Vehicle	Invacare	A9270
Pioneer II	Merits Health Products	E1230
PM 100	McBon	E1031
Pogon Mobility Bases	Theradyne	E1031
Posture Guard	May Corporation	E1031
Posture Value	May Corporation	E1031
Preferred Care Family Recliner (Model 565)	Lumex	E1031
Ralley Scooter	Pride Health care	E1230
Rambler	Rambler Mobility Inc.	E1230
Rascal (Models 250, 255 HD, 270 SL, 275 HD SL)	Electric Mobility	E1230
RC 200	McBon	E1031
Revo (Models SC60RRED, SC60RBLU, SC60RYEL)	Pride Mobility Products Corporation	E1230
Shuttle	Pride Healthcare	E1230
Standard Transporter 200	Tuffcare	E1031
Table-Mate Wheeled Lounge Chair (Model 511)	Lumex	E1031
T-Bird Transport	Theradyne	E1031
Temco Transport Chair	Temco	E1031
Tracer Transport	Invacare	E1031
Transporter	Tuffcare	E1031
Travel-Lite Companion	Evermed	E1031
Trekker C	Lumex	E1031
Ultimate Transport Chair	Essential Medical Supply	E1031
Ultra Lightweight Transporter	Tuffcare	E1031
Wheeled Chair Table (Model 528)	Lumex	E1031

**SURGICAL DRESSING PRODUCT CLASSIFICATION LIST**

Product	Manufacturer	Category	HCPCS Code
A & D Barrier Ointment	3M	Skin sealants, protectants, moisturizers, ointments, any type, any size	A6250
A & D Emollient Cream	3M	Skin sealants, protectants, moisturizers, ointments, any type, any size	A6250
Antiseptic Skin Cleanser	3M	Wound cleansers, any type, any size	A6260
Blenderm Surgical Tape	3M	Tape, all types, per 18 sq. in.	A6265
Cloth Adhesive Tape	3M	Tape, all types, per 18 sq. in.	A6265
Coban LF Latex Free Self-Adherent Wrap	3M	Elastic bandage, per roll (e.g., compression bandage)	A4460
Coban Self-Adherent Wrap	3M	Elastic bandage, per roll (e.g., compression bandage)	A4460
Durable Barrier Cream	3M	Skin sealants, protectants, moisturizers, ointments, any type, any size	A6250
Foot Emollient Cream	3M	Skin sealants, protectants, moisturizers, ointments, any type, any size	A6250
Medipore H Soft Cloth Surgical Tape	3M	Tape, all types, per 18 sq. in.	A6265
Medipore Pre-Cut Dressing Covers	3M	Tape, all types, per 18 sq. in.	A6265
Medipore Soft Cloth Surgical Tape	3M	Tape, all types, per 18 sq. in.	A6265
Microdon Soft Cloth Adhesive Wound Dressing <sup>3</sup>	3M	Gauze, non-impregnated, with any size adhesive border	A6219-A6221
Microdon Surgical Dressings	3M	Specialty absorptive dressing, wound cover	A6251-A6256
Micropore Surgical Tape	3M	Tape, all types, per 18 sq. in.	A6265
Soft Cloth Adhesive Wound Dressing	3M	Gauze, non-impregnated	A6219-A6221
No Sting Barrier	3M	Skin barrier; liquid (spray, brush, etc.), per oz.	A4369
One-Step Skin Care Lotion	3M	Skin sealants, protectants, moisturizers, ointments, any type, any size	A6250
Opticlude Orthoptic Eye Patches	3M	Surgical supply; miscellaneous	A4649
Soft Cloth Adhesive Wound Dressing <sup>3</sup>	3M	Gauze, non-impregnated, with any size adhesive border, each dressing	A6219-A6221
Stomaseal Adhesive Disk	3M	Adhesive; disk or foam pad	A5126
Stomaseal Colostomy Dressing	3M	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border	A6219
Tegaderm	3M	Transparent film, each dressing	A6257-A6259
Tegaderm HP Transparent Dressing	3M	Transparent film, each dressing	A6257-A6259
Tegaderm IV Transparent Dressing	3M	Transparent film, each dressing	A6257-A6259
Tegaderm Plus #9524	3M	Transparent film, each dressing	A6257-A6259
Tegaderm Transparent Dressing w/ Absorbent Pad	3M	Composite dressing, with any size adhesive border; each dressing	A6203-A6205
Tegagel Hydrogel Wound Filler	3M	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Tegagel Hydrogel Wound Filler w/ Gauze	3M	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	A6231
Tegagen HG Wound Cover	3M	Alginate dressing, wound cover, each dressing	A6196-A6198
Tegagen HG Wound Filler	3M	Alginate dressing, wound filler, per 6 inches	A6199
Tegagen HI Wound Cover	3M	Alginate dressing, wound cover, each dressing	A6196-A6198
Tegagen HI Wound Filler	3M	Alginate dressing, wound filler, per 6 inches	A6199
Tegapore	3M	Contact layer, each dressing	A6206-A6208
Tegasorb	3M	Gauze, impregnated, other than water or normal saline, without adhesive border, each dressing	A6234-A6239
Tegasorb Hydrocolloid Dressing-Sacral Design	3M	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	A6238
Zinc Oxide Vanishing Cream	3M	Skin sealants, protectants, moisturizers, ointments, any type, any size	A6250
Chronicure	ABS Life Sciences	Wound filler, not elsewhere classified	A6261-A6162
Acu-derm	Acme United	Transparent film, each dressing	A6257-A6259
Lyofam	Acme United	Foam dressing, wound cover, without adhesive border, each dressing	A6209-A6214

**SURGICAL DRESSING PRODUCT CLASSIFICATION LIST**

Product	Manufacturer	Category	HCPCS Code
Lyof foam A	Acme United	Foam dressing, wound cover, without adhesive border, each dressing	A6209-A6214
Lyof foam C	Acme United	Foam dressing, wound cover, without adhesive border, each dressing	A6209-A6214
Royl-derm	Acme United	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Acryderm	AcryMed	Hydrogel dressing, wound cover, without adhesive border, each dressing	A6242-A6244
Acryderm Absorbent Wound Strands	AcryMed	Wound filler, dry form, per gram, not elsewhere classified	A6262
Medipore Adhesive Cover	AcryMed	Tape, all types, per 18 sq. in.	A6265
Algicem Calcium Alginate Wound Dressing	Alpha Omega Wound Care Products	Alginate dressing, wound cover, each dressing	A6196-A6197
CollagEaloe Impregnated Hydrogel Wound Dressing	Alpha Omega Wound Care Products	Gauze, impregnated, water or normal saline, without adhesive border, each dressing	A6228-A6229
Sabigel Impregnated Hydrogel Wound Dressing	Alpha Omega Wound Care Products	Gauze, impregnated, hydrogel, for direct wound contact, each dressing	A6231-A6232
Gauze Fluffs	American White Cross	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	A6402
Amerigel topical ointment (A6020 prior to 9-15-98)	Amerx	Wound filler, gel/paste, per fluid ounce, not elsewhere classified	A6261
SNUGS Abdominal Wrap	Assurity Personal Healthcare Products, LLC	Abdominal dressing holder/binder, each	A4462
SNUGS Arm Glove	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous	A4649
SNUGS Cap	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous	A4649
SNUGS Elbow Glove	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous	A4649
SNUGS Face Oval	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous	A4649
SNUGS Foot Glove	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous	A4649
SNUGS Heel Glove	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous	A4649
SNUGS Heel Glove with Foot Elevator	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous and heel or elbow protector each	A4649, E0191
SNUGS Hip/Knee Holster	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous	A4649
SNUGS Hood	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous	A4649
SNUGS Hood (Pediatric)	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous	A4649
SNUGS IV Holder	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous	A4649
SNUGS IV Stabilizer	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous	A4649
SNUGS Leg Glove	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous	A4649
SNUGS Lower Leg Wrap	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous	A4649
SNUGS Mastectomy Wrap	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous	A4649
SNUGS Mastectomy Wrap with Strap	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous	A4649
SNUGS Pants	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous	A4649
SNUGS Sacral/Buttocks Wound Dressing Holder	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous	A4649

**SURGICAL DRESSING PRODUCT CLASSIFICATION LIST**

Product	Manufacturer	Category	HCPCS Code
SNUGS Scrotum Dressing Holder	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous	A4649
SNUGS Thigh or Stump Holster	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous	A4649
SNUGS Toe Stump Glove	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous	A4649
SNUGS Under Arm Wrap	Assurity Personal Healthcare Products, LLC	Surgical supply; miscellaneous	A4649
Bard Absorption Dressing Gel	Bard	Wound filler, gel/paste, per fluid ounce, not elsewhere classified	A6261
Bard Absorption Dressing Dry	Bard	Wound filler, dry form, per gram, not elsewhere classified	A6262
Biolex #5501B	Bard	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Biolex #5503B	Bard	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Biolex #5504B	Bard	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	A6231
Biolex #5508B	Bard	Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	A6232
Vigilon Primary Wound Dressing	Bard	Hydrogel dressing, wound cover, without adhesive border, each dressing	A6242-A6247
Hydragran	Baxter	Wound filler, not elsewhere classified	A6261-A6262
Hydrapad	Baxter	Hydrocolloid dressing, wound cover, without adhesive border, each dressing	A6234-A6239
Intact	Baxter	Hydrocolloid dressing, wound cover, without adhesive border, each dressing	A6234-A6239
Aquaphor Gauze Non-adhering	Beiersdorf	Gauze, impregnated, other than water or normal saline, without adhesive border, each dressing	A6222-A6224
Comprilan Low Stretch Bandage	Beiersdorf	Elastic bandage, per roll (e.g., compression bandage)	A4460
Coverlet	Beiersdorf	Tape, all types, per 18 sq. in.	A6265
Cultifilm	Beiersdorf	Transparent film, each dressing	A6257-A6258
Cultifilm Plus	Beiersdorf	Gauze, non-impregnated, non-sterile, without adhesive border, each dressing	A6219-A6221
Cultiplast	Beiersdorf	Gauze, non-impregnated, with any size adhesive border, each dressing	A6219-A6221
Cutinova Alginate Cover	Beiersdorf	Alginate dressing, wound cover, each dressing	A6196-A6197
Cutinova Alginate Filler	Beiersdorf	Alginate dressing, wound filler, per 6 inches	A6199
Cutinova Cavity	Beiersdorf	Foam dressing, wound cover, without adhesive border, per dressing	A6209-A6210
Cutinova Foam	Beiersdorf	Foam dressing, wound cover, without adhesive border, each dressing	A6209-A6211
Cutinova Gel	Beiersdorf	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Cutinova Hydro Hydrocolloid Dressing	Beiersdorf	Hydrocolloid dressing, wound cover, without adhesive border, each dressing	A6234-A6239
Cutinova Thin	Beiersdorf	Foam dressing, wound cover, without adhesive border, each dressing	A6209-A6211
Elastonull Elastic Gauze Nonsterile	Beiersdorf	Gauze, elastic, non-sterile, all types, per linear yard	A6263
Leukotape P Combo Pack	Beiersdorf	Noncovered item or service	A9270
Medifil Gel	Bio-Core	Wound filler, gel/paste, per fluid ounce, not elsewhere classified	A6261
Medifil Pad	Bio-Core	Collagen based wound dressing, wound cover, each dressing	A6021
Medifil Particles	Bio-Core	Wound filler, dry form, per gram, not elsewhere classified	A6262
Skin Temp	Bio-Core	Collagen based wound dressing, wound cover, each dressing	A6021, A6023
Epi-Derm	Biodermis	Non-covered item or service	A9270

**SURGICAL DRESSING PRODUCT CLASSIFICATION LIST**

Product	Manufacturer	Category	HCPCS Code
Silon Dual-Dress (2525P)	Bio Med Sciences, Inc.	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	A6210
A.R.D. Anoperineal Dressing	Birchwood Laboratories	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	A6216
Fuller Shield	Birchwood Laboratories	Non-covered item or service	A9270
Transorb	Brady Medical Products	Hydrogel dressing, wound cover	A6242-A6247
Fybron Calcium Alginate Dressing (cover)	Braun	Alginate dressing, wound cover, each dressing	A6196-A6197
Fybron Calcium Alginate Dressing (filler)	Braun	Alginate dressing, wound filler, per 6 inches	A6199
Hyfil Wound Gel	Braun	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Thinsite	Braun	Composite dressing, with any size adhesive border, each dressing	A6203-A6205
Transorbent Hydrogel Dressing	Braun	Composite dressing, with any size adhesive border, each dressing	A6203-A6205
BGC Matrix	Brennan	Surgical supply, miscellaneous	A4649
Dermafit	Brennan	Elastic bandage, per roll (e.g., compression bandage)	A4460
Elasinet	Brennan	Surgical supply, miscellaneous	A4649
EZ Derm	Brennan	Surgical supply, miscellaneous	A4649
Glucan II	Brennan	Surgical supply, miscellaneous	A4649
GlucanPro Cream	Brennan	Skin sealants, protectants, moisturizers, ointments, any type, any size	A6250
MacroPro Gel	Brennan	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Mediskin	Brennan	Surgical supply, miscellaneous	A4649
NovaGel Silicone	Brennan	Silicone Gel sheet, each	A6025
Sterile Saline Solution Spray	Brennan	Wound cleansers, any type, any size	A6260
Pin Care Kit	Brown Medical Industries	Noncovered item or service	A9270
Epigard	Calgon Vestal	Foam dressing, wound cover	A6209-A6214
Fortex	Calgon Vestal	Alginate dressing, wound cover, each dressing	A6196-A6198
Hydrasorb	Calgon Vestal	Foam dressing, wound cover	A6209-A6214
Kaltosat (cover)	Calgon Vestal	Alginate dressing, wound cover, each dressing	A6196-A6198
Kaltosat (filler)	Calgon Vestal	Alginate dressing, wound filler, per 6 inches	A6199
Pro-clude	Calgon Vestal	Transparent film, each dressing	A6257-A6259
CarraSorb 12" Rope	Carrington	Alginate dressing, wound filler, per 6 inches	A6199
CarraSorb FDG	Carrington	Surgical supply, miscellaneous	A4649
CarraSorb H	Carrington	Alginate dressing, wound cover, pad size 16 sq. in. or less, each dressing	A6196
CarraSorb M	Carrington	Surgical supply, miscellaneous	A4649
Carradres Hydrogel Sheet	Carrington	Hydrogel dressing, wound cover, pad size 16 s. in. or less, without adhesive border, each dressing	A6242
Carrafilm Transparent Film Dressing	Carrington	Transparent film, each dressing	A6257-A6258
Carragauze Pads	Carrington	Gauze, impregnated, hydrogel for direct wound contact, pad size 16 sq. in. or less, each dressing	A6231
Carraginate Dressing Wound Cover	Carrington	Alginate dressing, wound cover, each dressing	A6196-A6197
Carraginate Dressing Wound Filler	Carrington	Alginate dressing, wound filler, per 6 inches	A6199
Carrasmart Film Dressing	Carrington	Transparent film, each dressing	A6257-A6258
Carrasmart Foam	Carrington	Transparent film, each dressing	A6257-A6258
Carrasmart Hydrocolloid Dressing	Carrington	Hydrocolloid dressing, wound cover, without adhesive border, each dressing	A6234-A6235
Carrasyn V	Carrington	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Carrington Bordered Gauze	Carrington	Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	A6220
Carrington GelPad	Carrington	Gauze, impregnated, hydrogel, for direct wound contact, each dressing	A6231-A6232
Carrington Gel Wound Dressing	Carrington	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248

**SURGICAL DRESSING PRODUCT CLASSIFICATION LIST**

Product	Manufacturer	Category	HCPCS Code
Silicone Gel Sheeting	CICA Care	Silicone gel sheet, each	A6025
AquaGuard	ClearMedical, LLC	Non-covered procedure (not a Medicaid benefit)	A9270
Comfeel Contour Dressing	Coloplast	Hydrocolloid dressing, wound cover, with any size adhesive border, each dressing	A6237-A6239
Comfeel Paste	Coloplast	Hydrocolloid dressing, wound filler, paste, per fluid ounce	A6240
Comfeel Plus Clear Dressing	Coloplast	Hydrocolloid dressing, wound cover, without adhesive border, each dressing	A6234-A6236
Comfeel Plus Contour Dressing	Coloplast	Hydrocolloid dressing, wound cover, with any size adhesive border, each dressing	A6237-A6239
Comfeel Plus PRD	Coloplast	Hydrocolloid dressing, wound cover, with any size adhesive border, each dressing	A6237-A6239
Comfeel Plus Ulcer Dressing	Coloplast	Hydrocolloid dressing, wound cover, without adhesive border, each dressing	A6234-A6236
Comfeel Powder	Coloplast	Hydrocolloid dressing, wound filler, dry form, per gram	A6241
Comfeel Pressure Relief Dressing	Coloplast	Hydrocolloid dressing, wound cover, with any size adhesive border, each dressing	A6237-A6239
Comfeel Seasorb Dressing (Filler)	Coloplast	Alginate dressing, wound filler, per 6 inches	A6199
Comfeel Seasorb Dressing (Pad)	Coloplast	Alginate dressing, wound cover, each dressing	A6196-A6198
Comfeel Transparent Hydrocolloid Dressing	Coloplast	Hydrocolloid dressing, wound cover, without adhesive border, each dressing	A6134-A6236
Comfeel Ulcer Care Dressing	Coloplast	Hydrocolloid dressing, wound cover, without adhesive border, each dressing	A6234-A6236
Sween-A-Peel	Coloplast	Hydrocolloid dressing	A6234-A6239
Triad Hydrophilic Wound Dressing	Coloplast	Hydrocolloid dressing, wound filler, paste, per fluid ounce	A6240
Wound'ress	Coloplast	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Actiderm	Convatec	Hydrocolloid dressing	A6234-A6239
Algiderm (Filler)	Convatec	Alginate dressing, wound filler, per 6 inches	A6199
Algiderm (Cover)	Convatec	Alginate dressing, wound cover, each dressing	A6196-A6198
Aquacel Hydrofiber Wound Dressing	Convatec	Alginate dressing, wound cover, each dressing or Alginate dressing, wound filler, per 6 inches	A6196-A6197, A6199
CarboFlex Dressing	Convatec	Alginate dressing, wound cover, each dressing	A6196-A6197
CombiDerm ACD	Convatec	Hydrocolloid dressing, wound cover, with any size adhesive border, each dressing	A6237-A6239
CombiDerm Non-Adhesive Dressing	Convatec	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	A6235
Dermasorb	Convatec	Alginate dressing, wound filler, per 6 inches	A6199
Duoderm CGF Border Triangle Dressing	Convatec	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	A6237
Duoderm Hydroactive Gel	Convatec	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Duoderm (Cover)	Convatec	Hydrocolloid dressing, wound cover	A6234-A6239
Duoderm (Filler)	Convatec	Hydrocolloid dressing, wound filler	A6240-A6241
Duoderm Signal	Convatec	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	A6238
EpiVIEW	Convatec	Transparent film, each dressing	A6257-A6259
Hyalofill F Biopolymeric Wound Dressing (Re-Review)	Convatec	Surgical supply; miscellaneous	A4649
Hyalofill R Biopolymeric Wound Dressing Ribbon (Re-Review)	Convatec	Surgical supply; miscellaneous	A4649
SafGel	Convatec	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
SignaDress Hydrocolloid Dressing	Convatec	Hydrocolloid dressing, wound cover, without adhesive border, each dressing	A6234-A6236
SurePress High Compression Bandage	Convatec	Elastic bandage, per roll (e.g., compression bandage)	A4460

**SURGICAL DRESSING PRODUCT CLASSIFICATION LIST**

Product	Manufacturer	Category	HCPCS Code
Wound Manager	Convatec	Wound pouch, each	A6154
Oasis Wound Dressing Dry Sheet (Fenestrated and Non-fenestrated)	Cook	Collagen dressing, each	A6021-A6022
Coversite Dressings	Cush	Composite dressing, with any size adhesive border, each dressing	A6203-A6204
Protect-All Dressings	Cush	Gauze, non-impregnated, with any size adhesive border, each dressing	A6219-A6220
Dale Secondary Wound Dressings/holders	Dale Medical Products	Surgical supply, miscellaneous	A4649
Damor Cream	Damor	Skin sealants, protecants, moisturizers, ointments, any type, any size	A6250
Damor Cream Gauze	Damor	Surgical supply, miscellaneous	A4649
DermaMend – 2”	Dermarx	Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	A6209
DermaMend – 4 3/8”	Dermarx	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	A6210
DermaCol	Derma Sciences	Hydrocolloid dressing, wound cover, without adhesive border, each dressing	A6234-A6235
DermaFilm	Derma Sciences	Transparent film, each dressing	A6257-A6258
Dermagran Hydrogel	Derma Sciences	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Dermagran Hydrophylic B Dressing	Derma Sciences	Wound filler, gel/paste, per fluid ounce, not elsewhere classified	A6261
Dermagran Hydrophylic Dressing	Derma Sciences	Hydrogel dressing, wound cover	A6231
Dermagran Ointment	Derma Sciences	Surgical supply, miscellaneous	A4649
Dermagran Wet Dressing	Derma Sciences	Gauze, impregnated, water or normal saline, without adhesive border, each dressing	A6228-A6230
Dermagran Wound Cleanser with Zinc	Derma Sciences	Wound cleansers, any type, any size	A6260
Dermagran Zinc Saline	Derma Sciences	Gauze, impregnated, other than water or normal saline, pad size more than 16 sq. in. b less than or equal to 48 sq. in., without adhesive border, each dressing	A6223
DermaSite	Derma Sciences	Transparent film, each dressings	A6257-A6258
DermaStat	Derma Sciences	Alginate dressing, wound cover	A6196-A6199
NutraCol	Derma Sciences	Hydrocolloid dressing, wound cover, without adhesive border, each dressing	A6234-A6235
NutraFill Gauze (SPD-21)	Derma Sciences	Gauze, impregnated withother than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing	A6222
NutraStat	Derma Sciences	Alginate dressing, wound cover	A6196-A6199
DermaMend 2”	DermaRx	Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	A6209
Dermamend 4 3/8”	DermaRx	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	A6210
Aquasorb	DeRoyal	Hydrogel dressing, wound cover	A6242-A6247
Convaderm Plus	DeRoyal	Composite dressing, with any size adhesive border, each dressing	A6203-A6205
Convaderm	DeRoyal	Specialty absorptive dressing, wound cover	A6251-A6256
Dermanet	DeRoyal	Contact layer, each dressing	A6206-A6208
Kalginate	DeRoyal	Alginate dressing, wound cover, each dressing	A6196-A6197
Kalginate 12” Rope	DeRoyal	Alginate dressing, wound filler, per 6 inches	A6199
Kalginate 6” Rope	DeRoyal	Alginate dressing, wound filler, per 6 inches	A6199
Multidex Gel	DeRoyal	Wound filler, gel/paste, per fluid ounce, not elsewhere classified	A6261
Multidex Powder	DeRoyal	Wound filler, dry form, per gram, not elsewhere classified	A6262
Multipad	DeRoyal	Specialty absorptive dressing, wound cover, without adhesive border, each dressing	A6251-A6253

**SURGICAL DRESSING PRODUCT CLASSIFICATION LIST**

Product	Manufacturer	Category	HCPCS Code
Procol Hydrocolloid Wound Dressing	DeRoyal	Hydrocolloid dressing, wound cover, with any size adhesive border, each dressing	A6237-A6238
Sof-sorb	DeRoyal	Specialty absorptive dressing, wound cover	A6251-A6256
Transeal	DeRoyal	Transparent film, each dressing	A6257-A6259
Ensure-It	DeRoyal	Transparent film, each dressing	A6257-A6259
Biobrane II	Dow Hickam	Noncovered item or service	A9270
Flexderm	Dow Hickam	Hydrogen dressing, wound cover, without adhesive border, each dressing	A6242-A6244
Flexzan	Dow Hickam	Foam dressing, w ound cover	A6209-A6214
Granulex	Dow Hickam	Non-covered item or service	A9270
Proderm	Dow Hickam	Non-covered item or service	A9270
Sorbsan (Cover)	Dow Hickam	Alginate dressing, wound cover, each dressing	A6196-A6198
Sorbsan (Filler)	Dow Hickam	Alginate dressing, wound filler, per 6 inches	A6199
Elta Dermal Gel Filler	Elta	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Polymen	Ferris Manufacturing Corp.	Foam dressing, wound cover	A6209-A6214
PolyWic Cavity Wound Filler (#5733) (Re-Review)	Ferris Manufacturing Corp.	Foam dressing, wound filler, per gram	A6215
Geliperm Wet/Granulate	Fougera	Hydrogel dressing, wound cover	A6242-A6247
Conformant 2	Fraztec	Contact layer, each dressing	A6206-A6208
EXU-DRY	Fraztec	Specialty absorptive dressing, wound cover	A6251-A6256
Covertell	Gentell	Composite dressing, with any size adhesive border, each dressing	A6203-A6205
Dermatell	Gentell	Hydrocolloid dressing, wound cover, without adhesive border, each dressing	A6234-A6239
Gentell Comfortell (Formerly Covertell)	Gentell	Composite dressing, with any size adhesive border, each dressing	A6203-A6205
Gentel Hydrogel (Filler)	Gentell	Hydrogel dressing, wound filler, per fluid ounce	A6248
Gentel Hydrogel Gauze	Gentell	Gauze, impregnated, hydrogel, for direct wound contact, each dressing	A6231-A6233
Gentell Isotonic Saline	Gentell	Gauze, impregnated, water or normal saline, without adhesive border, each dressing	A6228-A6230
Calcium Alginate Pads	Genus Biomedical	Alginate dressing, wound cover, each dressing	A6196-A6197
Calcium Alginate Ribbon	Genus Biomedical	Alginate dressing, wound filler, per 6 inches	A6199
Genus Bordered Gauze Dressing	Genus Biomedical	Gauze, non-impregnated, with any size adhesive border, each dressing	A6219-A6220
Genus Hydrocolloid Pad Low Gel Thin Version	Genus Biomedical	Hydrocolloid dressing, wound cover, without adhesive border, each dressing	A6234-A6236
Genus Hydrocolloid Pad Low Gel Thick Version	Genus Biomedical	Hydrocolloid dressing, wound cover, without adhesive border, each dressing	A6234-A6236
Genus Hydrocolloid Pad Standard Gel	Genus Biomedical	Hydrocolloid dressing, wound cover, without adhesive border, each dressing	A6234-A6236
Medicell PVP Foam Pads	Genus Biomedical	Foam dressing, wound cover, without adhesive border, each dressing	A6209-A6211
Medicell PVP Foam Rolls	Genus Biomedical	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	A6211
Medicell PVP HC Pads	Genus Biomedical	Foam dressing, wound cover, without adhesive border, each dressing	A6209-A6211
Topical Hydrogel Dressing	Genus Biomedical	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Curative Amorphous Hydrogel Dressing	Gericare	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Curative HydroGel Gauze Dressing	Gericare	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	A6231
GRX DermaDrox Ointment	Geritrex	Skin sealants, protectants, moisturizers, ointments, any type, any size	A6250
GRX DermaDrox Spray	Geritrex	Skin sealants, protectants, moisturizers, ointments, any type, any size	A6250
GRX Hydrogel Occlusive Dressing	Geritrex	Hydrogel dressing, wound cover, each dressing	A6242-A6247

**SURGICAL DRESSING PRODUCT CLASSIFICATION LIST**

Product	Manufacturer	Category	HCPCS Code
GRX Hyrophore Gauze 3x3	Geritrex	Gauze, impregnated, other than water or normal saline, each dressing	A6222-A6224
GRX Hyrophore Gauze 3x8	Geritrex	Gauze, impregnated, other than water or normal saline, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	A6223
GRX Saline Wet Dressing	Geritrex	Gauze, impregnated, water or normal saline, without adhesive border, each dressing	A6228-A6230
Curasol Gel	Healthpoint	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Restore	Hollister	Hydrocolloid dressing, wound cover	A6234-A6239
Wound Drainage Collector	Hollister	Wound pouch, each	A6154
Hydroderm	Hydroderm	Transparent film, each dressing	A6257-A6259
HyCure Gel	Hymed Group	Wound filler, gel/paste, per fluid ounce, not elsewhere classified	A6261
HyCure Powder	Hymed Group	Wound filler, dry form, per gram, not elsewhere classified	A6262
Hyperion Advanced Alginate Dressings (Cover)	Hyperion Medical	Alginate dressing, wound cover, each dressing	A6196-A6197
Hyperion Advanced Alginate Dressings (Filler)	Hyperion Medical	Alginate dressing, wound filler, per 6 inches	A6199
Hyperion Advanced Dressing with Variable MTRV	Hyperion Medical	Transparent film, each dressing	A6257-A6258
Hyperion Advanced Dressing with Fixed MTRV	Hyperion Medical	Transparent film, each dressing	A6257-A6258
Hyperion Bordered Gauze	Hyperion Medical	Gauze, non-impregnated, with any size adhesive border, each dressing	A6219-A6220
Hyperion Conforming Stretch Gauze Bandage	Hyperion Medical	Gauze, non-elastic, sterile, all types, per linear yard	A6406
Hyperion Gauze Bandage	Hyperion Medical	Gauze, non-elastic, sterile, all types, per linear yard	A6406
Hyperion Hydrogel Dressing	Hyperion Medical	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Hyperion Hydrophilic Impregnated Gauze	Hyperion Medical	Hydrogel dressing, wound cover, without adhesive border, each dressing	A6231
Iso-Gel Hydrogel Dressing	Hyperion Medical	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Iso-Gel Hydrophilic Impregnated Gauze	Hyperion Medical	Hydrogel dressing, wound cover, without adhesive border, each dressing	A6231
QueGel Hydrophilic Impregnated Gauze <sup>3</sup>	Hyperion Medical	Hydrogel dressing, wound cover, without adhesive border, each dressing	A6231
QueGel Hydrophilic Wound Dressings <sup>3</sup>	Hyperion Medical	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Snugs Tapeless Secondary Dressings	Incare Medical	Surgical supplies, miscellaneous	A4649
SpyroCAVITY	Innovative Technologies, Inc.	Surgical supplies, miscellaneous	A4649
SpyroCOLLOID	Innovative Technologies, Inc.	Hydrocolloid dressing, wound cover, without adhesive border, each dressing	A6234-A6236
SpyroDERM Film	Innovative Technologies, Inc.	Transparent film, each dressing	A6257-A6259
SpyroFOAM	Innovative Technologies, Inc.	Transparent film, each dressing	A6257-A6259
SpyroGEL Hydrogel	Innovative Technologies, Inc.	Transparent film, each dressing	A6257-A6259
SpyroSORB Film/Foam	Innovative Technologies, Inc.	Transparent film, each dressing	A6257-A6259
Omiderm	ITG Labs	Contact layer, each dressing	A6206-A6208
Adaptic	Johnson & Johnson	Gauze, impregnated, other than water or normal saline, without adhesive border, each dressing	A6222-A6224
Adaptic (roll)	Johnson & Johnson	Gauze, impregnated, other than water or normal saline, any width, per linear yard	A6266
Adaptic PG Petrolatum Gauze Non-adherent Dressing	Johnson & Johnson	Gauze, impregnated, other than water or normal saline, without adhesive border, each dressing	A6222-A6224
Adaptic X Xeroform Gauze Non-adherent Dressing	Johnson & Johnson	Gauze, impregnated, other than water or normal saline, without adhesive border, each dressing	A6222-A6223
Band-Aid Island Dressing	Johnson & Johnson	Specialty absorptive dressing, wound cover	A6251-A6256

**SURGICAL DRESSING PRODUCT CLASSIFICATION LIST**

Product	Manufacturer	Category	HCPCS Code
Bioclusive	Johnson & Johnson	Transparent film, each dressing	A6257-A6259
Biopatch	Johnson & Johnson	Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	A6209
Debrisan	Johnson & Johnson	Wound cleansers, any type, any size	A6260
Dermicel Hypo-Allergenic Cloth Tape	Johnson & Johnson	Tape, all types, per 18 sq. in.	A6265
Dermicel Montgomery Straps	Johnson & Johnson	Abdominal dressing holder/binder, each	A4462
Dermiform Hypo-Allergenic Knitted Tape	Johnson & Johnson	Tape, all types, per 18 sq. in.	A6265
Dermiview Hypo-Allergenic Transparent Tape	Johnson & Johnson	Tape, all types, per 18 sq. in.	A6265
Dyna-Flex Cohesive Compression Bandage	Johnson & Johnson	Elastic bandage, per roll (e.g., compression bandage)	A4460
Dyna-Flex Elastic Bandage	Johnson & Johnson	Elastic bandage, per roll (e.g., compression bandage)	A4460
Dyna-Flex Multiple Layer Compression System	Johnson & Johnson	Surgical supply, miscellaneous	A4649
Elasticon Elastic Tape	Johnson & Johnson	Tape, all types, per 18 sq. in.	A6265
Fibrocol Collagen-Alginate Wound Dressing (cover)	Johnson & Johnson	Collagen dressing, each	A6021-A6022
Fibrocol Collagen-Alginate Wound Dressing (filler)	Johnson & Johnson	Collagen dressing wound filler, per 6 inches	A6024
Fibrocol Plus Collagen Wound Dressing with Alginate (cover)	Johnson & Johnson	Collagen dressing, each	A6021-A6022
Fibrocol Plus Collagen Wound Dressing with Alginate (filler)	Johnson & Johnson	Collagen dressing wound filler, per 6 inches	A6024
J & J Cohering Bandage	Johnson & Johnson	Elastic bandage, per roll (e.g., compression bandage)	A4460
J & J Eye Pads	Johnson & Johnson	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	A6402
J & J Gauze Sponges (Sterile)	Johnson & Johnson	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	A6402
J & J Non-Stick Pads	Johnson & Johnson	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	A6402
J & J Waterproof Tape	Johnson & Johnson	Tape, all types, per 18 sq. in.	A6265
King Fluff Rolls (Non-Sterile)	Johnson & Johnson	Gauze, non-elastic, non-sterile, per linear yard	A6264
King Fluff Rolls (Sterile)	Johnson & Johnson	Gauze, elastic, sterile, per linear yard	A6406
King Fluff Sponges	Johnson & Johnson	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	A6403
Mirasorb (Non-Sterile)	Johnson & Johnson	Gauze, non-impregnated	A6216-A6221
Mirasorb (Sterile)	Johnson & Johnson	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	A6402
Nu-Brede	Johnson & Johnson	Gauze, non-impregnated, sterile, without adhesive border, each dressing	A6402-A6404
Nu-Derm	Johnson & Johnson	Foam dressing, wound cover, each dressing	A6209-A6214
Nu-Gauze Packing Strips – Iodoform Saturated	Johnson & Johnson	Gauze, impregnated, other than water or normal saline, any width, per linear yard	A6266
Nu-Gauze Packing Strips – Plain	Johnson & Johnson	Gauze, elastic, sterile, all types, per linear yard	A6406
Nu-Gauze Sponges (Non-Sterile)	Johnson & Johnson	Gauze, non-impregnated, non-sterile, without adhesive border, each dressing	A6216-A6221
Nu-Gauze Sponges (Sterile)	Johnson & Johnson	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	A6402
Nu-Gel Collagen Wound Gel	Johnson & Johnson	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Nu-Gel Wound Dressing	Johnson & Johnson	Hydrogel dressing, wound cover, each dressing	A6242-A6247
Prevacare Extra Protective Ointment	Johnson & Johnson	Skin sealants, protectants, moisturizers, ointments, any type, any size	A6250
Prevacare Moisturizing Cream	Johnson & Johnson	Skin sealants, protectants, moisturizers, ointments, any type, any size	A6250
Prevacare Personal Protective Ointment	Johnson & Johnson	Skin sealants, protectants, moisturizers, ointments, any type, any size	A6250

**SURGICAL DRESSING PRODUCT CLASSIFICATION LIST**

Product	Manufacturer	Category	HCPCS Code
Prevacare Total Solution Skin Care Spray	Johnson & Johnson	Skin sealants, protectants, moisturizers, ointments, any type, any size	A6250
Release	Johnson & Johnson	Gauze, non-impregnated, non-sterile, without adhesive border, each dressing	A6216-A6221
Release Non-Adherent	Johnson & Johnson	Gauze, non-impregnated, sterile, without adhesive border, each dressing	A6402-A6403
Sof-Band Bulky Bandage (Non-Sterile)	Johnson & Johnson	Gauze, non-elastic, non-sterile, per linear yard	A6264
Sof-Band Bulky Bandage (Sterile)	Johnson & Johnson	Gauze, elastic, sterile, all types, per linear yard	A6206
Sof-Foam Dressing	Johnson & Johnson	Foam dressing, wound cover, without adhesive border, each dressing	A6209-A6210
Sof-Kling Conforming Bandage (Non-Sterile)	Johnson & Johnson	Gauze, non-elastic, non-sterile, per linear yard	A6264
Sof-Kling Conforming Bandage (Sterile)	Johnson & Johnson	Gauze, elastic, sterile, all types, per linear yard	A6406
Sof-Wick (Non-Sterile)	Johnson & Johnson	Gauze, non-impregnated	A6216-A6221
Sof-Wick (Sterile)	Johnson & Johnson	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	A6402
Steri-Pad Gauze Pads	Johnson & Johnson	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	A6402
Surgicel	Johnson & Johnson	Non-covered item	A9270
Surgi-Pad	Johnson & Johnson	Specialty absorptive dressing, wound cover	A6251-A6256
Tielle	Johnson & Johnson	Foam dressing, wound cover, with any size adhesive border, each dressing	A6212-A6214
Tielle Plus	Johnson & Johnson	Foam dressing, wound cover, with any size adhesive border, each dressing	A6212-A6214
Topper Dressing Sponges (Non-Sterile)	Johnson & Johnson	Gauze, non-impregnated	A6216-A6221
Topper Dressing Sponges (Sterile)	Johnson & Johnson	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	A6402
Zonas Porous Tape	Johnson & Johnson	Tape, all types, per 18 sq. in.	A6265
Conform	Kendall	Gauze, elastic, non-sterile, all types, per linear yard	A6263
Curaderm	Kendall	Hydrocolloid dressing, wound cover, without adhesive border, each dressing	A6234-A6236
Curafil	Kendall	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Curafoam	Kendall	Foam dressing, wound cover, without adhesive border, each dressing	A6209-A6211
Curafoam Plus	Kendall	Foam dressing, wound cover, without adhesive border, each dressing	A6209-A6211
Curagel	Kendall	Hydrogel dressing, wound cover	A6242-A6247
Curasalt	Kendall	Gauze, impregnated, other than water or normal saline, without adhesive border, each dressing	A6222-A6224
Curasorb (Cover)	Kendall	Alginate dressing, wound cover, each dressing	A6196-A6198
Curasorb (Filler)	Kendall	Alginate dressing, wound filler, per 6 inches	A6199
Curity Elastic Bandage	Kendall	Elastic bandage, per roll (e.g., compression bandage)	A4460
Curity Oil Emulsion Dressing	Kendall	Gauze, impregnated, other than water or normal saline, without adhesive border, each dressing	A6222-A6224
Curity Xeroform Dressing	Kendall	Gauze, impregnated, other than water or normal saline, without adhesive border, each dressing	A6222-A6224
Excillon	Kendall	Gauze, non-impregnated	A6216-A6221
Flex-Wrap	Kendall	Elastic bandage, per roll (e.g., compression bandage)	A4460
Kerlix Lite Gauze Bandage	Kendall	Gauze, non-elastic, non-sterile, per linear yard	A6264
Kerlix Zinc Saline	Kendall	Gauze, impregnated, other than water or normal saline, without adhesive border, each dressing	A6222-A6224
Polyskin	Kendall	Transparent film, each dressing	A6257-A6259
Telfa	Kendall	Gauze, non-impregnated, non-sterile, without adhesive border, each dressing	A6216-A6218
Telfa Island Dressing	Kendall	Gauze, non-impregnated, with any size adhesive border, each dressing	A6219-A6221

**SURGICAL DRESSING PRODUCT CLASSIFICATION LIST**

Product	Manufacturer	Category	HCPCS Code
Telfa Max	Kendall	Specialty absorptive dressing, wound cover, each dressing	A6252-A6253
Telfa Plus Island Dressing	Kendall	Composite dressing, with any size adhesive border, each dressing	A6203-A6205
Telfa Xtra	Kendall	Composite dressing, with any size adhesive border, each dressing	A6203-A6205
Tendersorb	Kendall	Specialty absorptive dressing, wound cover	A6251-A6256
Tenderwrap	Kendall	Surgical supply, miscellaneous	A4649
Ultec Pro (Re-Review)	Kendall	Surgical supply, miscellaneous	A6237-A6238
Ventex Absorptive	Kendall	Composite dressing, with any size adhesive border, each dressing	A6203-A6205
Ventex Vented	Kendall	Contact layer, each dressing	A6206-A6208
Versalon	Kendall	Gauze, non-impregnated	A6216-A6221
Coverall 5'n 1 Multi-layered Wound Dressing	Kimberly-Clark	Composite dressing, with any size adhesive border, each dressing	A6203-A6204
Coverall Bordered Dressing	Kimberly-Clark	Gauze, impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	A6220
Iodoform Packing Strip	Kimberly-Clark	Gauze, impregnated, other than water or normal saline, any width, per linear yard	A6266
Petrolatum Gauze Non-Adhering Dressing	Kimberly-Clark	Gauze, impregnated, other than water, normal saline, or hydrogel, without adhesive border, each dressing	A6222-A6224
Plain Packing Strip	Kimberly-Clark	Gauze, non-elastic, sterile, all types, per linear yard	A6406
Xeroform Petrolatum Dressing	Kimberly-Clark	Gauze, impregnated, other than water, normal saline, or hydrogel, without adhesive border, each dressing	A6222-A6223
Shur-Conform Oil Emulsion Non-Adhering Dressing	Kimberly-Clark	Gauze, impregnated, other than water or normal saline	A6222-A6223
Catrix	Lescardin	Wound filler, dry form, per gram, not elsewhere classified	A6262
Repliderm	Lescardin	Wound filler, dry form, per gram, not elsewhere classified	A6262
Calgitrol Plus Calcium Alginate Dressing	Magneus Bio-Medical Technologies, Inc.	Wound filler gel/paste, per fluid ounce not elsewhere classified	A6261
Calgitrol Plus Calcium Alginate Dressing with Collagen	Magneus Bio-Medical Technologies, Inc.	Wound filler gel/paste, per fluid ounce not elsewhere classified	A6261
MaRRayels LaFeet OTC Ointment	MaRRayels LaFeet	Skin sealants, protectants, moisturizers, ointments, any type, any size	A6250
Spandage	Medi-Tech	Surgical supply, miscellaneous	A4649
Spand-Gel	Medi-Tech	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Spand-Gel Hydrogel Gauze Dressing	Medi-Tech	Gauze, impregnated, other than water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	A6231
Spand-Gel Sterile Occlusive Foam Dressing	Med-Tech	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	A6210
Biafine	Medix Pharmaceuticals	Skin sealants, protectants, moisturizers, ointments, any type, any size	A6250
Dema-Gel Hydrogel Wafer	Medline	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	A6242
ExuDerm	Medline	Hydrocolloid dressing, wound cover, without adhesive border, each dressing	A6234-A6236
ExuDerm LP	Medline	Hydrocolloid dressing, wound cover, without adhesive border, each dressing	A6234-A6236
ExuDerm RCD	Medline	Hydrocolloid dressing, wound cover, without adhesive border, each dressing	A6234-A6236

**SURGICAL DRESSING PRODUCT CLASSIFICATION LIST**

Product	Manufacturer	Category	HCPCS Code
Exuderm Sacrum	Medline	Hydrocolloid dressing, wound cover, any size adhesive border, each dressing	A6238
Exuderm Ultra	Medline	Hydrocolloid dressing, wound cover	A6234
Maxorb Hydrofiber Alginate Dressing Cover	Medline	Alginate dressing, wound cover, each dressing	A6196-A6197
Maxorb Hydrofiber Alginate Dressing Rope	Medline	Alginate dressing, wound cover, each dressing	A6199
Medline Bordered Gauze	Medline	Gauze, non-impregnated, with any size adhesive border, each dressing	A6219-A6220
Optifoam Adhesive Foam Island Dressing (MSC 1044 & MSC1066)	Medline	Foam Dressing wound cover, with any size adhesive border, each drssing	A6212-A6213
SkinTegrity Hydrogel	Medline	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
SkinTegrity Hydrogel Gauze	Medline	Gauze, impregnated, other than water or normal saline, without adhesive border, each dressing	A6231-A6232
StrataSorb	Medline	Composite dressing, with any size adhesive border, each dressing	A6203-A6205
Suresite	Medline	Composite dressing, with any size adhesive border, each dressing	A6257-A6258
Suresite IV	Medline	Transparent film, each dressing	A6257-A6258
TenderWet Cavity System	Medline	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	A6242
TenderWet System	Medline	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	A6242
Dermatell	MKM Healthcare	Hydrocolloid dressing, wound cover	A6234-A6239
Gentell Covertell	MKM Healthcare	Specialty absorptive dressing, wound cover	A6251-A6256
Gentell Hydrogel (Cover)	MKM Healthcare	Hydrogel dressing, wound cover	A6242-A6247
Gentell Hydrogel (Filler)	MKM Healthcare	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Gentell Isotonic Saline	MKM Healthcare	Gauze, impregnated, water or normal saline, without adhesive border, each dressing	A6228-A6230
Alldress	Molnlycke	Composite dressing, with any size adhesive border, each dressing	A6203-A6205
Hypergel (Cover)	Molnlycke	Hydrogel dressing, wound cover	A6242-A6247
Hypergel (Filler)	Molnlycke	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Mefix Dressing Fixation Fabric	Molnlycke	Tape, all types, per 18 sq. in.	A6265
Mefilm Adhesive Polyurethane Film	Molnlycke	Transparent film	A6257-A6259
Melgisorb Calcium Alginate Dressing (Cover)	Molnlycke	Alginate dressing, wound cover, each dressing	A6196-A6198
Melgisorb Calcium Alginate Dressing (Filler)	Molnlycke	Alginate dressing, wound filler, per 6 inches	A6199
Mepilex Self-Adherent Absorbent Dressing	Molnlycke	Foam dressing 16 sq in-w/adhesive ea/dressing	A6212-A6214
Mepitel	Molnlycke	Contact layer, each dressing	A6206-A6208
Mepore #570805	Molnlycke	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing	A6219
Mepore #670905	Molnlycke	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing	A6219
Mepore #671005	Molnlycke	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing	A6219
Mepore #671105	Molnlycke	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing	A6219
Mepore #671205	Molnlycke	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing	A6219
Mepore #671305	Molnlycke	Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	A6220
Mesalt Pads	Molnlycke	Gauze, impregnated, other than water or normal saline, without adhesive border, each dressing	A6222-A6224
Mesalt Strips	Molnlycke	Gauze, impregnated, other than water or normal saline, any width, per linear yard	A6266
Mitraflex Plus	Molnlycke	Foam dressing, wound cover	A6209-A6214
Mitraflex SC	Molnlycke	Foam dressing, wound cover	A6209-A6214
Normigel	Molnlycke	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248

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Product	Manufacturer	Category	HCPCS Code
Normigel Saline Impregnated Gauze	Molnlycke	Hydrogel dressing, wound cover	A6231-A6232
MPM Gel Pad	MPM	Hydrogel dressing, wound cover	A6231-A6233
MPM Wet Saline	MPM	Gauze, impregnated, water or normal saline, without adhesive border, each dressing	A6228-A6230
Multi-Layered Wound Dressing	MPM	Composite dressing, with any size adhesive border, each dressing	A6203-A6204
Repel Wound Dressing	MPM	Composite dressing, with any size adhesive border, each dressing	A6203-A6204
Woundgard (Sterile and Non-Sterile)	MPM	Specialty absorptive dressing, wound cover, with any size adhesive border, each dressing	A6254-A6255
Clearsite	New Dimensions in Medicine (NDM)	Hydrogel dressing, wound cover	A6242-A6247
Clearsite Hydrogauze Dressing	New Dimensions in Medicine (NDM)	Hydrogel dressing, wound cover	A6231-A6232
HydroFoam	O.R. Resources	Foam dressing, wound cover, without adhesive border, each dressing	A6209-A6211
Hydrogel	O.R. Resources	Hydrogel dressing, wound filler, per fluid ounce	A6248
Iodoflex	Oclassen Pharmaceuticals Inc.	Wound filler, not elsewhere classified	A6261-A6262
Iodosorb Gel	Oclassen Pharmaceuticals Inc.	Wound filler, gel/paste, per fluid ounce, not elsewhere classified	A6261
Iodosorb Powder	Oclassen Pharmaceuticals Inc.	Wound filler, dry form, per gram, not elsewhere classified	A6262
Selan Protective Cream	P.J. Noyes Company, Inc	Skin sealants, protectants, moisturizers, ointments, any type, any size	A6250
Selan Protective Lotion	P.J. Noyes Company, Inc	Skin sealants, protectants, moisturizers, ointments, any type, any size	A6250
Selan + Zinc Oxide Barrier Cream	P.J. Noyes Company, Inc	Skin sealants, protectants, moisturizers, ointments, any type, any size	A6250
Selan + Zinc Oxide Barrier Lotion	P.J. Noyes Company, Inc	Skin sealants, protectants, moisturizers, ointments, any type, any size	A6250
Phytacare Alginate Hydrogel Wound Dressing	Phytatec Labs	Gauze, impregnated, other than water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	A6222
OsmoCyte Pillow Wound Dressing	Procyte	Surgical Supply; miscellaneous	A4649
Procyte Transparent Film Dressing	Procyte	Transparent film, each dressing	A6257-A6259
Epitech Foam Dressing	Rynel Ltd.	Foam dressing, wound cover, each dressing	A6209-A6214
SeptiCare	Sage Laboratories	Wound Cleansers, any type, any size	A6260
Blisterfilm	Sherwood	Transparent film, each dressing	A6257-A6259
Dermacea Alginate Wound Dressing	Sherwood	Alginate dressing, wound cover, each dressing	A6196-A6199
Dermacea Aquaflo Hydrogel Wound Dressing	Sherwood	Hydrogel dressing, wound cover, without adhesive border, each dressing	A6242-A6243
Dermacea Ultec Thin Hydrocolloid	Sherwood	Hydrocolloid dressing, wound cover, without adhesive border, each dressing	A6234-A6236
Interpan	Sherwood	Surgical supply; miscellaneous	A4649
Intersorb	Sherwood	Specialty absorptive dressing, wound cover	A6251-A6256
Scarlet Red Ointment Dressing	Sherwood	Gauze, impregnated, other than water or normal saline, without adhesive border each dressing	A6222-A6224
Ultec	Sherwood	Hydrocolloid dressing, wound cover	A6234-A6239
Vaseline Petrolatum Gauze	Sherwood	Gauze, impregnated, other than water or normal saline, without adhesive border each dressing	A6222-A6224
Viasorb	Sherwood	Composite dressing, with any size adhesive border, each dressing	A6203-A6205
Xeroflo	Sherwood	Gauze, impregnated, other than water or normal saline, without adhesive border each dressing	A6222-A6224
Airstrip	Smith & Nephew United	Composite dressing, with any size adhesive border, each dressing	A6203-A6205
Allevyn (cover)	Smith & Nephew United	Foam dressing, wound cover, each dressing	A6209-A6214
Allevyn (filler)	Smith & Nephew United	Foam dressing, wound filler, per gram	A6215

**SURGICAL DRESSING PRODUCT CLASSIFICATION LIST**

<b>Product</b>	<b>Manufacturer</b>	<b>Category</b>	<b>HCPCS Code</b>
Allevyn Adhesive Dressings	Smith & Nephew United	Foam dressing, wound cover, with any size adhesive border, each dressing	A6212-A6214
Allevyn Heel	Smith & Nephew United	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in. adhesive border, each dressing	A6210
Allevyn Hydrocellular Foam Dressings	Smith & Nephew United	Foam dressing, wound cover, without adhesive border, each dressing	A6209-A6211
Allevyn Island Sacral	Smith & Nephew United	Foam dressing, wound cover, pad size 16 sq. in. or less with any size adhesive border, each dressing	A6212
Allevyn Sacrum	Smith & Nephew United	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in. with any size adhesive border, each dressing	A6213
Cica-Care	Smith & Nephew United	Silicone gel sheet, each	A6025
CovRSite Dressing	Smith & Nephew United	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing	A6219
CovRSite Plus Composite Dressing	Smith & Nephew United	Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing	A6203
FlexiGel Hydrogel Sheet Dressing	Smith & Nephew United	Hydrogel dressing, wound cover, without adhesive border, each dressing	A6242-A6243
FlexiGel Strands Absorbent Wound Filler	Smith & Nephew United	Wound filler, dry form, per gram, not elsewhere classified	A6262
Intrasite Gel	Smith & Nephew United	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Lymwrap Bandaging Kits	Smith & Nephew United	Surgical supply; miscellaneous	A4649
Opsite	Smith & Nephew United	Transparent film, each dressing	A6257-A6259
Opsite Flexifix	Smith & Nephew United	Transparent film, each dressing	A6257-A6259
Opsite Postop	Smith & Nephew United	Composite dressing, with any size adhesive border, each dressing	A6203-A6205
Primapore	Smith & Nephew United	Specialty absorptive dressing, wound cover	A6251-A6256
Profore	Smith & Nephew United	Surgical supply; miscellaneous	A4649
Replicare (cover)	Smith & Nephew United	Hydrocolloid dressing, wound cover	A6234-A6239
Replicare (filler)	Smith & Nephew United	Hydrocolloid dressing, wound filler	A6240-A6241
Solo-Site Wound Gel	Smith & Nephew United	Hydrogel dressing, wound filler, gel, per fluid ounce	A6248
Transigel Conformable Gel Dressing	Smith & Nephew United	Hydrogel dressing, wound cover, without adhesive border, each dressing	A6231
Uniflex	Smith & Nephew United	Transparent film, each dressing	A6257-A6259
Elasto-Gel	Southwest Tech, Inc.	Hydrogel dressing, wound cover	A6242-A6247
Elasto-Gel Island Dressing	Southwest Tech, Inc.	Hydrogel dressing, wound cover	A6245-A6247
Elasto-Gel Plus	Southwest Tech, Inc.	Hydrogel dressing, wound cover, without adhesive border, each dressing	A6242-A6244
impregnated, other than water, normal saline Elasto-Gel Tape	Southwest Tech, Inc.	Tape, all types, per 18 sq. inch	A6265
Horseshoe Dressing	Southwest Tech, Inc.	Hydrogel dressing, wound cover, pad size more than 48 sq. inches, with any size adhesive border, each dressing	A6247
Toe-Aid	Southwest Tech, Inc.	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	A6245
Second Skin Moist Burn Pads	Spenco	Hydrogel dressing, wound cover, each dressing	A6242-A6247
Elta Dermal Impregnated Hydrogel Wound Dressing	Swiss-American Products	Gauze, impregnated, hydrogel, for direct wound contact, each dressing	A6231-A6233
Tapeless Secondary Dressing	Tapeless Tech, Inc.	Surgical supply; miscellaneous	A4649
Sparta Hypertonic Saline Dressing	TecnoI*	Gauze, impregnated, other than water or normal saline, without adhesive border, each dressing	A6222-A6224
Sparta Iodoform Packing Strips	TecnoI*	Gauze, elastic, sterile, all types, per linear yard	A6406
Sparta Isotonic Saline Dressing	TecnoI*	Gauze, impregnated, water or normal saline, without adhesive border, each dressing	A6228-A6230
Sparta Oil Emulsion Dressing	TecnoI	Gauze, impregnated, other than water or normal saline, without adhesive border, each dressing	A6222-A6224
Sparta Plain Packing Strips	TecnoI*	Gauze, non-elastic, non-sterile, per linear yard	A6264

**SURGICAL DRESSING PRODUCT CLASSIFICATION LIST**

<b>Product</b>	<b>Manufacturer</b>	<b>Category</b>	<b>HCPCS Code</b>
Sparta Sterile Water	TecnoI*	Gauze, impregnated, water or normal saline, without adhesive border, each dressing	A6228-A6230
Acticoat Antimicrobial Barrier Dressing	Westaim Biomedical, Inc.	Surgical supply, miscellaneous	A4649
Dermassist Petrolatum Gauze	Wilshire	Gauze, impregnated, other than water or normal saline, without adhesive border, each dressing	A6222-A6224
Dermassist Oil Emulsion Dressing	Wilshire	Gauze, impregnated, other than water or normal saline, without adhesive border, each dressing	A6222-A6224
Dermassist Site Dressing	Wilshire	Transparent film, each dressing	A6257-A6259
Dermassist Wet Dressing	Wilshire	Gauze, impregnated, water or normal saline, without adhesive border, each dressing	A6228-A6230
Breakaway	Winfield Labs, Inc.	Specialty absorptive dressing, wound cover without adhesive border	A6251-A6253
N-terface	Winfield Labs, Inc.	Contact layer, each dressing	A6206-A6208

PRODUCT NAME	MANUFACTURER	CATEGORY	HCPCS CODE
Accupepha	Nutrica-NV-Verenigde	III	B4153
Acerflex	SHS	IV	B4154
Advera	Ross Labs	IV	B4154
Alimentum	Ross Labs	III	B4153
Alitraq	Ross Labs	IV	B4154
Alsoy	Nestle Clinical Nutrition	I	B4150
AminAid	McGraw	IV	B4154
AMTF	Nyer Nutritional Systems	I	B4150
AMTF Diabetic	Nyer Nutritional Systems	I	B4150
AMTF High Cal 2.0	Nyer Nutritional Systems	II	B4152
AMTF High Protein	Nyer Nutritional Systems	I	B4150
AMTF Pediatric	Nyer Nutritional Systems	I	B4150
AMTF Pulmonary	Nyer Nutritional Systems	II	B4152
AMTF Renal	Nyer Nutritional Systems	IV	B4154
AMTF Renal 2.0	Nyer Nutritional Systems	II	B4152
AMTF Trauma	Nyer Nutritional Systems	IV	B4154
<b>Analog formulas</b>	SHS	IV	B4154
Analog XP			
Analog MSUD			
Analog XPHEN, TYR			
Analog XPTM			
Analog XMTVI			
Analog XMET			
Analog XLYS, TRY			
Analog XLEU			
Balanced- The Total Nutritional Drink (Instant Meal Replacement Drink)	American Natural Snacks	I	B4150
Balanced- The Total Nutritional Drink (Ready to Drink Meal)	American Natural Snacks	I	B4150
Benefiber	Novartis Nutrition	V	B4155
Boost	Mead Johnson	I	B4150
Boost High Protein	Mead Johnson	I	B4150
Boost Plus	Mead Johnson	II	B4152
Boost Pudding	Mead Johnson	I	B4150
Boost with Fiber	Mead Johnson	I	B4150
Calcilo XD	Ross Labs	IV	B4154
Casec	Mead Johnson	V	B4155
Choice DM	Mead Johnson	IV	B4154
Choice DM Bars	Mead Johnson	IV	B4154
Citrotein	Novartis Nutrition	IV	B4154
Complete-B	Novartis Nutrition	I	B4151
Complete-B Modified	Novartis Nutrition	I	B4151
Complete Pediatric	Novartis Nutrition	I	B4151
Comply	Mead Johnson	II	B4152
Criticare HN	Mead Johnson	III	B4153
Crucial Complete Elemental Diet (Re-Review)	Nestle Clinical Nutrition	III	B4153
Deliver 2.0	Mead Johnson	II	B4152
DiabetiSource	Novartis Nutrition	IV	B4154
Duocal	SHS	V	B4155
Duocal (Super Soluble)	SHS	V	B4155
Egg/Pro Powder	Ross Labs	V	B4155

PRODUCT NAME	MANUFACTURER	CATEGORY	HCPCS CODE
EleCare	Ross Labs	III	B4153
Elementra	Nestle Clinical Nutrition	V	B4155
Enfamil	Mead Johnson	I	B4150
Enfamil A.R.	Mead Johnson	I	B4150
Enfamil Kindercal TF	Mead Johnson	I	B4150
Enfamil LactoFree	Mead Johnson	I	B4150
Enfamil with Iron	Mead Johnson	I	B4150
Enfacare	Mead Johnson	I	B4150
Enlive	Ross Labs	I	B4151
Ensure	Ross Labs	I	B4150
Ensure HN	Ross Labs	I	B4150
Ensure HP	Ross Labs	I	B4150
Ensure Plus	Ross Labs	II	B4152
Ensure Plus HN	Ross Labs	II	B4152
Ensure Powder	Ross Labs	I	B4150
Ensure Pudding	Ross Labs	I	B4150
Ensure with Fiber	Ross Labs	I	B4150
Entera	Fresenius Medical	I	B4150
Entera Isotonic	Fresenius Medical	I	B4150
Entera Isotonic Fiber	Fresenius Medical	I	B4150
Entera OPD	Smash-Fresenius	IV	B4154
Enteralife HN	Corpac	I	B4150
Enteralife HN Fiber	Corpac	I	B4150
Enteralife HN-2	Corpac	I	B4150
Entrition 1.5	Nestle Clinical Nutrition	II	B4152
Entrition HN	Nestle Clinical Nutrition	I	B4150
EPULOR (Re-Review)	VistaPharm	V	B4155
Essential ProPlus	NutriSOY	V	B4155
Essential Protein	NutriSOY	V	B4155
F.A.A. (Free Amino Acid Diet)	Nestle Clinical Nutrition	III	B4153
Fiber 7	ND Labs, Inc.		A9270
Fiberlan	Elan/Hechems	I	B4150
Fibersource	Novartis Nutrition	I	B4150
Fibersource HN	Novartis Nutrition	I	B4150
Fibrad	Ross Labs	V	B4155
Follow-up	Nestle Clinical Nutrition	I	B4150
Follow-up Soy	Nestle Clinical Nutrition	I	B4150
Fortison	Nutrica-NV-Verenigde	I	B4150
Fulfil	Fresenius Medical	IV	B4154
Genisoy Protein Bars	Genisoy	I	B4150
Glucerna	Ross Labs	IV	B4154
Gluco-Pro	GalaGen, Inc.	IV	B4154
Glutamine Enriched Antioxidant Formula	Cambridge Nutraceuticals		A9270
Glutamine Immune Deficiency Formula	Cambridge Nutraceuticals		A9270
Glutamine Unsweetened Regular	Cambridge Nutraceuticals		A9270
Glutasorb	Hormel Health Labs	III	B4153
Glytrol	Nestle Clinical Nutrition	IV	B4154
Hearty Balance	Elan/Hechems	I	B4150
Hepatic-Aid	McGraw	IV	B4154
Hi ProCal	Diamond Crystal Specialty Foods	V	B4155

PRODUCT NAME	MANUFACTURER	CATEGORY	HCPCS CODE
Immun-Aid	McGraw	IV	B4154
Immunocal	Immunotec Research	V	B4155
Impact	Novartis Nutrition	IV	B4154
Impact 1.5	Novartis Nutrition	IV	B4154
IMPACT Glutamine	Novartis Nutrition	IV	B4154
Impact with Fiber	Novartis Nutrition	IV	B4154
IntensiCal Ready-to-Hang	Mead Johnson	III	B4153
Intralite	Ross Labs	I	B4150
Isocal	Mead Johnson	I	B4150
Isocal HN	Mead Johnson	I	B4150
Isocal HN Plus	Mead Johnson	I	B4150
Isocal II	Mead Johnson	I	B4150
Isofiber	Fresenius Medical	I	B4150
Isolan	Elan/Hechems	I	B4150
Isomil	Ross Labs	I	B4150
Isomil DF	Ross Labs	I	B4150
Isosource	Novartis Nutrition	I	B4150
Isosource 1.5	Novartis Nutrition	II	B4152
Isosource HN	Novartis Nutrition	I	B4150
Isosource VHN	Novartis Nutrition	IV	B4154
Isotein	Novartis Nutrition	III	B4153
Isotera Isotonic	Fresenius Medical	II	B4152
Jevity	Ross Labs	I	B4150
Jevity Plus	Ross Labs	I	B4150
Jevity RTH	Ross Labs	I	B4150
Juven with HMB	MTI BioTech, Inc.		A9270
Kindercal	Mead Johnson	III	B4153
Kindercal TF	Mead Johnson	III	B4153
Kindercal TF with Fiber	Mead Johnson	III	B4153
Kindercal with Fiber	Mead Johnson	III	B4153
L-Emental	Hormel Health Labs	III	B4153
L-Emental Hepatic	Hormel Health Labs	IV	B4154
L-Emental Pediatric	Hormel Health Labs	III	B4153
L-Emental Plus	Hormel Health Labs	IV	B4154
Lipisorb	Mead Johnson	IV	B4154
Lofenolac	Ross Labs	IV	B4154
Magnacal	Mead Johnson	II	B4152
Magnacal Renal	Mead Johnson	IV	B4154
<b>Maxamaid Formulas</b> XP Maxamaid MSUD Maxamaid XPHEN, TYR Maxamaid XMTVI Maxamaid XMET Maxamaid XLYS, TRY Maxamaid XLEU Maxamaid	SHS	IV	B4154
<b>Maxamum Formulas</b> XP Maxamum MSUD Maxamum XMTVI Maxamum XMET Maxamum XLYS, TRY Maxamum	SHS	IV	B4154

PRODUCT NAME	MANUFACTURER	CATEGORY	HCPCS CODE
XLEU Maxamum			
MCT Oil	Mead Johnson	V	B4155
Med Pass 2.0	Diamond Crystal Specialty Foods		A9270
Med Plus 2.0	Diamond Crystal Specialty Foods		A9270
Meritene	Novartis Nutrition	I	B4150
Microlipid	Mead Johnson	V	B4155
Moducal	Mead Johnson	V	B4155
Modulen IBD	Nestle Clinical Nutrition	IV	B4154
Naturite	UniSource	I	B4150
Naturite Plus	UniSource	II	B4152
Neocate Infant Formula	SHS	V	B4155
Neocate Junior	SHS	V	B4155
Neocate One + Liquid	SHS	V	B4155
Neocate One + Powder	SHS	V	B4155
Nepro	Ross Labs	IV	B4154
Nestle Good Start	Nestle Clinical Nutrition	I	B4150
Newtrition (Flavors)	Elan	I	B4150
Newtrition 1.5	Elan	II	B4152
Newtrition HN	Elan	I	B4150
Newtrition Isofiber	Elan	I	B4150
Newtrition Isotonic	Elan	I	B4150
Next Step	Carnation	I	B4150
Next Step Soy	Carnation	I	B4150
Nitrolan (Nitro-Pro)	Hormel Health Labs	I	B4150
Nitro-Pro (Nitrolan)	Hormel Health Labs	I	B4150
Novasource 2.0	Novartis Nutrition	II	B4152
NovaSource Pulmonary	Novartis Nutrition	II	B4152
Novasource Renal	Novartis Nutrition	IV	B4154
NuBasics	Nestle Clinical Nutrition	I	B4150
NuBasics 2.0 Complete	Nestle Clinical Nutrition	II	B4152
NuBasics Plus	Nestle Clinical Nutrition	II	B4152
NuBasics VHP	Nestle Clinical Nutrition	I	B4150
NuBasics with Fiber	Nestle Clinical Nutrition	I	B4150
Nursoy	Wyeth-Ayerst Labs	I	B4150
Nutramigen	Mead Johnson	I	B4150
Nutramine	Calwood Nutritionals Inc.		A9270
Nutramine T	Calwood Nutritionals Inc.		A9270
Nutrapak		I	B4150
Nutren 1.0	Nestle Clinical Nutrition	I	B4150
Nutren 1.0 with Fiber	Nestle Clinical Nutrition	I	B4150
Nutren 1.5	Nestle Clinical Nutrition	II	B4152
Nutren 2.0	Nestle Clinical Nutrition	II	B4152
Nutren Junior	Nestle Clinical Nutrition	III	B4153
Nutren Junior with Fiber	Nestle Clinical Nutrition	III	B4153
Nutren VHP	Nestle Clinical Nutrition	I	B4150
NutriAssist 1.5	Chronimed	II	B4152
Nutri-Drink	Furman Foods	I	B4150
Nurti-Drink Plus	Furman Foods	II	B4152
Nutiflavor	Nyer Nutritional Sys.		A9270

PRODUCT NAME	MANUFACTURER	CATEGORY	HCPCS CODE
NutriHep	Nestle Clinical Nutrition	IV	B4154
Nutrilan	Nestle Clinical Nutrition	I	B4150
NutriMod Protein Supplement	Go2 Pharmacy, Inc.	V	B4155
NutriRenal	Nestle Clinical Nutrition	IV	B4154
Nutrition	Nutrition Medical	I	B4150
Nutrition Plus	Nutrition Medical	II	B4152
Nutrivent	Nestle Clinical Nutrition	IV	B4154
Optimental	Ross Labs	III	B4153
Original New Orleans Smoothee	ONOS Company		A9270
Osmolite	Ross Labs	I	B4150
Osmolite HN	Ross Labs	I	B4150
Osmolite HN Plus	Ross Labs	I	B4150
Oxepa	Ross Labs	IV	B4154
Pedialyte	Ross Labs	V	B4155
Pediasure Enternal Formula	Ross Labs	III	B4153
Pedisure with Fiber Enteral Formula	Ross Labs	III	B4153
Peptide One +	SHS	III	B4153
Peptamen	Nestle Clinical Nutrition	V	B4155
Peptamen 1.5	Nestle Clinical Nutrition	V	B4155
Peptamen VHP	Nestle Clinical Nutrition	IV	B4154
Peptamin Junior	Nestle Clinical Nutrition	V	B4155
Peptical	Chronimed	III	B4153
Perative	Ross Labs	IV	B4154
Periflex	SHS	IV	B4154
Phenex 1 and 2	Ross Labs	IV	B4154
Phenyl-Free 2HP	Mead Johnson	IV	B4154
Phenyl Free Powder	Ross Labs	IV	B4154
Phenylade	Applied Nutrition	V	B4155
Phenylade Amino Acid	Applied Nutrition	V	B4155
Phenylade Bars	Applied Nutrition	IV	B4154
Phenylade Bars Renal Cal	Applied Nutrition	IV	B4154
Phlexy-10 Bars	SHS		A9270
Phlexy-10 Capsules	SHS		A9270
Phlexy-10 Drink Mix	SHS	V	B4155
Phlexy-Vits	SHS		A9270
Polycose	Ross Labs	V	B4155
Portagen	Mead Johnson	I	B4150
Precision HN	Novartis Nutrition	III	B4153
Precision Isotera	Novartis Nutrition	III	B4153
Precision LR Powder	Novartis Nutrition	VI	B4156
Pregestimil	Mead Johnson	IV	B4154
ProBalance	Nestle Clinical Nutrition	I	B4150
Procare	National Nutrition	V	B4155
ProCell Protein Supplement	Global Unlimited	V	B4155
Promix	Corpak	V	B4155
ProMod	Ross Labs	V	B4155
Promote	Ross Labs	I	B4150
Promote with Fiber	Ross Labs	I	B4150
Propac	Sherwood Medical	V	B4155
Propac Plus	Sherwood Medical	V	B4155
ProPass Protein Supplement	Hormel Health Labs	V	B4155

PRODUCT NAME	MANUFACTURER	CATEGORY	HCPCS CODE
Pro-Peptide	Hormel Health Labs	IV	B4154
Pro-Peptide for Kids	Hormel Health Labs	IV	B4154
Pro-Petide VHN	Hormel Health Labs	IV	B4154
Prophree	Ross Labs	V	B4155
ProSobee	Mead Johnson	I	B4151
ProSource Protein Supplement	National Nutrition	V	B4155
Protain XL	Mead Johnson	IV	B4154
ProtoRand Nutritional Supplement	Randall, Inc.		A9270
Provide	Fresenius Medical	IV	B4154
Pulmocare	Ross Labs	IV	B4154
RCF (Ross Carbohydrate Free)	Ross Labs	V	B4155
Reabilan	Nestle Clinical Nutrition	III	B4153
Reabilan HN	Nestle Clinical Nutrition	IV	B4154
Renalcal	Nestle Clinical Nutrition	IV	B4154
Replete	Nestle Clinical Nutrition	IV	B4154
Re/Neph	Ross Labs	IV	B4154
Replete with Fiber	Nestle Clinical Nutrition	IV	B4154
ReSource	Novartis Nutrition	I	B4150
ReSource Arginaid	Novartis Nutrition	V	B4155
Resource Benefiber	Novartis Nutrition	V	B4155
Resource Diabetic	Novartis Nutrition	I	B4150
Resource for Kids	Novartis Nutrition	III	B4153
Resource Fruit Beverage	Novartis Nutrition	V	B4155
ReSource GlutaSolve	Novartis Nutrition	V	B4155
ReSource Instant Protein Powder	Novartis Nutrition	V	B4155
ReSource Just For Kids with Fiber	Novartis Nutrition	III	B4153
ReSource Plus	Novartis Nutrition	II	B4152
Resource Thickened Juice	Novartis Nutrition	V	B4155
Resource Thicken-up	Novartis Nutrition	V	B4155
Respalor	Mead Johnson	II	B4152
Restore-X	Cambridge Nutraceuticals	V	B4155
SandoSource Peptide	Novartis Nutrition	IV	B4154
Scandishake	Scandipharm	I	B4150
Similac Neosure	Ross Labs	I	B4150
Similac with Iron	Ross Labs	I	B4150
SLD	Ross Labs	IV	B4154
SoyPro	ND Labs	V	B4155
Stresstein	Novartis Nutrition	IV	B4154
Subdue	Mead Johnson	III	B4153
Subdue Plus	Mead Johnson	III	B4153
Subdue Ready-to-Hang	Mead Johnson	III	B4153
Sumacal	Sherwood Medical	V	B4155
Suplena (Replena)	Ross Labs	IV	B4154
Susta II	Mead Johnson	I	B4150
Sustacal	Mead Johnson	I	B4150
Sustacal Basic	Mead Johnson	I	B4150
Sustacal Fiber	Mead Johnson	I	B4150
Sustacal HC	Mead Johnson	II	B4152
Sustacal Plus	Mead Johnson	II	B4152
Sysco Classic Lactose Free ProCal	Diamond Crystal Specialty Foods	V	B4155
Thick-it	Millani	V	B4155

PRODUCT NAME	MANUFACTURER	CATEGORY	HCPCS CODE
Tolerex	Novartis Nutrition	V	B4155
Traum Aid	McGraw	IV	B4154
Traumacal	Mead Johnson	IV	B4154
Travasorb Hepatic	Nestle Clinical Nutrition	IV	B4154
Travasorb HN	Nestle Clinical Nutrition	III	B4153
Travasorb MCT	Nestle Clinical Nutrition	IV	B4154
Travasorb Renal	Nestle Clinical Nutrition	IV	B4154
Travasorb STD Powder	Nestle Clinical Nutrition	VI	B4156
Twocal HN	Ross Labs	II	B4152
Ultracal	Mead Johnson	I	B4150
Ultracal HN Plus	Mead Johnson	I	B4150
Ultralan	Elan/Hechems	II	B4152
Vital HN	Ross Labs	III	B4153
Vivonex HN	Novartis Nutrition	III	B4153
Vivonex Pediatric	Novartis Nutrition	V	B4155
Vivonex Plus	Novartis Nutrition	V	B4155
Vivonex T.E.N.	Novartis Nutrition	IV	B4154

Prior Authorization Assistance  
 PO Box 30  
 Denver CO 80201-0030

Fiscal Agent for  
**MEDICAID**  
 ACS  
 Medical Review Department

303-534-0279  
 1-800-237-7647  
 Fax: 303-534-0439

## QUESTIONNAIRE #1 HOSPITAL BED

Client Name: \_\_\_\_\_

Client ID: \_\_\_\_\_

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant  
 Diagnosis(es): \_\_\_\_\_

How many hours per day is this client in bed? \_\_\_\_\_

What type of bed/mattress does this client presently use? Why doesn't it meet this client's needs? \_\_\_\_\_

What other alternatives have been tried? \_\_\_\_\_

What type of bed is necessary to meet the client's needs? \_\_\_\_\_

If request is for a semi or fully electric hospital bed, explain why a manual hospital bed will not provide for this client's needs: \_\_\_\_\_

Can the client work the controls of an electric bed independently? \_\_\_\_\_ Can the client change positions independently? \_\_\_\_\_

Is a caregiver available to assist this client in changing position? \_\_\_\_\_ If so, how many hours per day? \_\_\_\_\_

Is the caregiver at risk for injury? \_\_\_\_\_

List client's approximate current height and weight: \_\_\_\_\_

Please supply any additional information that will assist us in determining **medical necessity** for your request: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PHOTOCOPY THIS BLANK FORM AS NEEDED**

Prior Authorization Assistance  
PO Box 30  
Denver CO 80201-0030

Fiscal Agent for  
**MEDICAID**  
ACS  
Medical Review Department

303-534-0279  
1-800-237-7647  
Fax: 303-534-0439

**QUESTIONNAIRE #2**  
**PRESSURE RELIEF MATTRESS**

Client Name \_\_\_\_\_

Client ID \_\_\_\_\_

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis(es): \_\_\_\_\_

\_\_\_\_\_

What type of mattress is necessary to meet the client's needs \_\_\_\_\_

\_\_\_\_\_

How many hours per day is this client in bed? \_\_\_\_\_

Does this client have a history of skin breakdown? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Does client currently have skin breakdown? \_\_\_\_\_ If yes, explain level and location: \_\_\_\_\_

Level 1 \_\_\_\_\_

Level 2 \_\_\_\_\_

Level 3 \_\_\_\_\_

Level 4 \_\_\_\_\_

What other alternatives have been tried? \_\_\_\_\_

\_\_\_\_\_

What is the client currently using? \_\_\_\_\_

Why isn't this meeting the client's needs? \_\_\_\_\_

For what length of time is this mattress necessary? \_\_\_\_\_

Please supply any additional information that will assist us in determining **medical necessity** for this request \_\_\_\_\_

\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Fax: 303-534-0439

### QUESTIONNAIRE #3 LIFT

Client Name: \_\_\_\_\_

Client ID: \_\_\_\_\_

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant  
Diagnosis(es): \_\_\_\_\_

What type of lift is necessary to meet the client's needs? \_\_\_\_\_

Will the client be confined to bed without the use of a lift? \_\_\_\_\_

If requested lift is electric, indicate why the electric is necessary, as opposed to a manual lift? \_\_\_\_\_

What other alternatives have been tried? \_\_\_\_\_

Indicate client's approximate height, weight, and age: \_\_\_\_\_

List any specific weaknesses and/or impairments of the client: \_\_\_\_\_

What is the client currently using? \_\_\_\_\_

Why isn't this meeting the client's needs? \_\_\_\_\_

Does this client's condition require the assistance of more than one caregiver to transfer between bed, chair, wheelchair, or commode? \_\_\_\_\_

Indicate caregiver's approximate height, weight, and age: \_\_\_\_\_

To what degree can this client assist the caregiver with transfers? \_\_\_\_\_

Can this client ambulate? \_\_\_\_\_ If yes, how far and with what degree of assistance? \_\_\_\_\_

How long will this client require the lift? \_\_\_\_\_ If life, indicate life expectancy: \_\_\_\_\_

Who will operate this lift? \_\_\_\_\_

Please supply any additional information that will assist us in determining **medical necessity** for this request: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## QUESTIONNAIRE #4 SEAT LIFT

Client Name: \_\_\_\_\_

Client ID: \_\_\_\_\_

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis(es): \_\_\_\_\_

Does the client have one of the following conditions?

- severe arthritis of the knee                       neuromuscular disease  
 severe arthritis of the hip                       other

Is the seat lift mechanism intended to effect improvement or arrest or retard deterioration in the client's condition?

- effect improvement                       arrest the client's condition                       retard deterioration

Is the client completely incapable of standing from any chair in the home? \_\_\_\_\_

Once standing can the client ambulate independently? \_\_\_\_\_

What other alternatives have been tried? \_\_\_\_\_

What is the client currently using? \_\_\_\_\_

Why isn't this meeting the client's needs? \_\_\_\_\_

Please supply any additional information that will assist us in determining **medical necessity** for this request:

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**QUESTIONNAIRE #5**  
**BLOOD PRESSURE UNIT/MONITOR**

Client Name: \_\_\_\_\_

Client ID: \_\_\_\_\_

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis(es): \_\_\_\_\_

\_\_\_\_\_

Indicate the dates and the latest three blood pressure readings of the client: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How frequently does the blood pressure need to be monitored? \_\_\_\_\_

What medication(s) is the client on? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If ordering an automatic monitor, please explain why a manual monitor will not meet the client's needs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please supply any additional information that will assist us in determining **medical necessity** for this request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**QUESTIONNAIRE #6**  
**PULSE OXIMETER**

Client Name: \_\_\_\_\_

Client ID: \_\_\_\_\_

Generally, a physician should be able to assess whether a client's medical condition necessitates the continued use of a pulse oximeter beyond the initial 3-month monitoring period. Medical necessity must be documented for the continued use of a pulse oximeter after this period.

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant

Diagnosis(es): \_\_\_\_\_

Client's age: \_\_\_\_\_

Provide the dates and readings for one month of pulse oximetry: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are pulse ox readings being taken on a daily basis? \_\_\_\_\_ If yes, how many times per day? \_\_\_\_\_

What type of treatment is done when client desaturates? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is client using oxygen as needed? Yes No    Is client on continuous oxygen? Yes No    If yes, is client stable? Yes No  
If so, how many liters per minute: \_\_\_\_\_

How long will client need routine oximetry? \_\_\_\_\_

Please supply any additional information that will assist us in determining **medical necessity** for this request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## QUESTIONNAIRE #7 APNEA MONITOR

Client Name: \_\_\_\_\_

Client ID: \_\_\_\_\_

Generally, a physician should be able to assess whether a client's medical condition necessitates the continued use of an apnea monitor beyond the initial 6-month monitoring period. Medical necessity must be documented for the continued use of an apnea monitor after this period.

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant

Diagnosis(es): \_\_\_\_\_

Client's age: \_\_\_\_\_ How frequently have apneic episodes occurred? \_\_\_\_\_

Dates: \_\_\_\_\_

Is apnea monitoring continuous? \_\_\_\_\_ At night only? \_\_\_\_\_ During feedings? \_\_\_\_\_

Provide the dates and readings for one month of apnea monitoring. \_\_\_\_\_

Has client been hospitalized due to apneic episodes or related diagnosis? \_\_\_\_\_ If yes, what dates? \_\_\_\_\_

List all documented apneic episodes during the initial 6-month monitoring period: \_\_\_\_\_

Is client using oxygen as needed? Yes No Is client on continuous oxygen? Yes No If yes, is client stable? Yes No

If so, how many liters per minute: \_\_\_\_\_

How long will client need apnea monitoring? \_\_\_\_\_

Please supply any additional information that will assist us in determining **medical necessity** for this request:

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**QUESTIONNAIRE #8**  
**CPAP/BIPAP**

Client Name: \_\_\_\_\_

Client ID: \_\_\_\_\_

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis(es): \_\_\_\_\_

Send a written sleep study report with written results for CPAP. \_\_\_\_\_

If BIPAP is utilized for sleep apnea, has a sleep study been \_\_\_\_\_ Yes No If yes, please include written results of \_\_\_\_\_

Supply any additional information that will assist us in determining **medical necessity** for this request: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**QUESTIONNAIRE #9**

**TENS or NMES (TRANSCUTANEOUS OR NEUROMUSCULAR ELECTRICAL NERVE STIMULATOR)**

Client Name: \_\_\_\_\_

Client ID: \_\_\_\_\_

Transcutaneous or neuromuscular electrical nerve stimulation (TENS or NMES) is an acceptable treatment modality for some types of chronic intractable pain. Generally, a physician should be able to assess whether or not a client is likely to derive a significant therapeutic benefit from continuous use of a TENS or NMES unit within a trial period of 2 months. Medical necessity must be documented for continued use of TENS or NMES beyond the initial 2-month trial period.

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis(es): \_\_\_\_\_

During the trial period, did the TENS or NMES:

- A. Produce no relief?
- B. Produce greater discomfort than the original pain?
- C. Significantly alleviate pain?

List any used or prescribed analgesics (drug/dose/route/frequency) prior to using TENS or NMES: \_\_\_\_\_

Identify any of the above medications that were reduced in dosage/frequency as a result of the use of TENS or NMES: \_\_\_\_\_

Identify any of the above medications that were discontinued as a result of the use of TENS or NMES: \_\_\_\_\_

What was the degree of range of motion or mobility prior to initiation of treatment? \_\_\_\_\_

Did the client's range of motion or mobility improve as a result of using a TENS or NMES? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Do you feel your client derived significant therapeutic benefits to warrant continued (long term) use of a nerve stimulator? \_\_\_\_\_

Does this client presently own a TENS unit (regardless of payment source) or has this client owned or utilized a TENS unit in the past? \_\_\_\_\_

Provision of a TENS unit is considered the final alternative in pain management. Comment on the following alternative treatments for this client and, if appropriate, the clinical results of each. This information is REQUIRED to establish medical necessity. **Failure to respond fully will result in denial of your request.**

- A. Traction \_\_\_\_\_
- B. Trigger point \_\_\_\_\_
- C. Surgery \_\_\_\_\_
- D. Drugs \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**QUESTIONNAIRE #10**  
**ORAL AND ENTERAL NUTRITION FORMULAE**

Client Name: \_\_\_\_\_

Client ID: \_\_\_\_\_

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis(es): \_\_\_\_\_

Client's height: \_\_\_\_\_ Client's current weight: \_\_\_\_\_ Client's ideal body weight: \_\_\_\_\_

What brand name(s) of formula are requested to meet the client's need? \_\_\_\_\_

Number of calories this formula will provide for the client *per day*: \_\_\_\_\_

Is the requested formula a supplement or the sole source of nutrition? \_\_\_\_\_

Route of delivery for the requested formula: \_\_\_\_\_

Does this client have difficulty with chewing/swallowing? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

If therapeutic intent of this formula is to serve as a protein supplement, indicate most recent serum albumin level: \_\_\_\_\_

Please supply any additional information that will assist us in determining **medical necessity** for this request:

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**QUESTIONNAIRE # 12**  
**WOUND CLOSURE THERAPY**

**Client Name:** \_\_\_\_\_ **Client ID:** \_\_\_\_\_

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

**1. Wound description, including: location, stage, size, depth, any tunneling, etc.** \_\_\_\_\_

**2. Previous wound treatment:** \_\_\_\_\_

Length of time: \_\_\_\_\_ Severe coexisting chronic illness  Yes  No

If yes, describe illness: \_\_\_\_\_

**3. Does client have a history of skin break down**  Yes  No If yes, explain and include treatment history \_\_\_\_\_

**4. Does the client use a pressure-reducing surface:**  Yes  No

If yes, please describe: \_\_\_\_\_

**5. If the client has an albumin level less than 3 mg/dl, please list the albumin level and describe the type of nutritional support that the client is receiving or requires. (Normal range: greater than 3mg/dl)**

**6. Is the client's wound free of necrotic infection:**  Yes  No  
If the wound has recently been debrided, identify the type and date of debridement.  Surgical  Chemical  Physical  Autolytic  
Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

**7. Is the client's wound free of infection:**  Yes  No  
If the wound is infected, identify the wound treatment, including dosage, frequency, route, and duration of any medications. \_\_\_\_\_

**8. Will the client's overall health status, including nutritional status, affect wound healing:**  Yes  No  
Describe all medical conditions that might affect wound healing. Address incontinence if pertinent, and what is being done to decrease the contamination of the wound. \_\_\_\_\_

**9. Name of family member/friend/caregiver who has been trained to provide the service:** \_\_\_\_\_ **Training date:** \_\_\_\_\_

**10. If the care provider does not see measurable improvement after four weeks, the physician will assess the client. The physician will determine the appropriateness of the continued use of Wound Closure Therapy. If there is measurable improvement, the physician will assess the client for the appropriateness of continued use of this therapy every 62 days (when the new Plan of Care is prepared).**

**If Wound Closure Therapy is not reordered with the plan of care, Medicaid will not be responsible for payment, even if an open PAR still exists.**

**11. Physician's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**QUESTIONNAIRE #13**

**AUGMENTATIVE COMMUNICATION DEVICE QUESTIONNAIRE**

*This form, a speech and language evaluation, and an evaluation of the client's ability to utilize the requested device effectively must accompany all Prior Authorization Requests (PAR). The questionnaire may be completed by a speech therapist or other medical professional familiar with the medical communication needs of the client. The two evaluations must be completed by a speech therapist. If the questionnaire is not fully completed, or the evaluations are not submitted, the PAR will be denied.*

Client's name \_\_\_\_\_ State ID # \_\_\_\_\_

1. Why does the client require this device? Please specify related diagnoses, including ICD-9 code(s), co-morbidity, brief history, current condition, etc \_\_\_\_\_

\_\_\_\_\_

2. Is the client capable of intelligible speech? Yes  No

3. Is lack of speech permanent or temporary? Permanent  Temporary   
Is improvement expected? Yes  No

If so, how soon? \_\_\_\_\_

4. Is client able to communicate in writing? Yes  No

5. Using a scale of 1(lowest) to 5 (highest), rate the client's motivation to use an augmentative communication device: \_\_\_\_\_

Comments \_\_\_\_\_

6. Using a scale of 1(lowest) to 5 (highest), rate the client's ability to express thoughts \_\_\_\_\_

Comments \_\_\_\_\_

7. Using a scale of 1(lowest) to 5 (highest), rate the client's ability to use the system and memorize necessary codes \_\_\_\_\_

Comments \_\_\_\_\_

8. Has the client had a course of speech therapy? Yes  No

Using a scale of 1(lowest) to 5 (highest), rate the client's progress in the area of expressive language \_\_\_\_\_

Comments \_\_\_\_\_

Name and title of person completing this form \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

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**QUESTIONNAIRE # 14**  
**MECHANICAL HIGH FREQUENCY CHEST WALL OSCILLATION**

Date: \_\_\_\_\_

**Medical center information:**

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prescribing physician:**

Name: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**Client information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Birth date: \_\_\_\_\_

Medicaid ID #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Height: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Age: \_\_\_\_\_

**Has client received ThAIRapy Vest treatment in the past?**

Yes  No  
If yes, how recently was treatment given (in months)?  Current  1-6 months ago  More than 6 months ago  
For how long? \_\_\_\_\_ If treatments were discontinued, why? \_\_\_\_\_

**Most recent pulmonary function tests results**

Date: \_\_\_\_\_  Check if additional information is included.  
FVC (L): \_\_\_\_\_ / \_\_\_\_\_ % FEV1 (L): \_\_\_\_\_ / \_\_\_\_\_ % FEF25-75 (L/sec): \_\_\_\_\_ / \_\_\_\_\_ %

**Medications (in past 6 months)**

Inhaled	Dosage	Days	Other (excluding antibiotics)	Dosage	Days
<input type="checkbox"/> Intal	_____	_____	_____	_____	_____
<input type="checkbox"/> Albuterol	_____	_____	_____	_____	_____
<input type="checkbox"/> Pulmozyme	_____	_____	_____	_____	_____
<input type="checkbox"/> Mucomist	_____	_____	_____	_____	_____
<input type="checkbox"/> Corticosteroid	_____	_____	_____	_____	_____

Antibiotic (excluding home IV therapy)	Dosage	Days	Home IV therapy				
_____	_____	_____	Date	Medication	Dosage	Circle one	Days
_____	_____	_____	_____	_____	_____	Q BID TID QID	_____
_____	_____	_____	_____	_____	_____	Q BID TID QID	_____
_____	_____	_____	_____	_____	_____	Q BID TID QID	_____

Check if additional information is included.

**Hospitalization history (in the past 6 months or 6 months prior to ThAIRapy Vest treatment for clients currently using system):**

Admit date: \_\_\_\_\_ Discharge date: \_\_\_\_\_ Reason: \_\_\_\_\_  
Admit date: \_\_\_\_\_ Discharge date: \_\_\_\_\_ Reason: \_\_\_\_\_

Check if additional information is included.

**Manual percussion therapy (in past 6 mos)**

Times per day For how  
prescribed/required: \_\_\_\_\_ long? \_\_\_\_\_  
Primary caregiver: \_\_\_\_\_  
Results/Comments: \_\_\_\_\_

**Flutter therapy (in past 6 mos)**

Times per day For how  
prescribed/required: \_\_\_\_\_ long? \_\_\_\_\_  
Primary caregiver: \_\_\_\_\_  
Results/Comments: \_\_\_\_\_

**Other mechanical therapy (in past 6 mos)**

Times per day For how  
prescribed/required: \_\_\_\_\_ long? \_\_\_\_\_  
Primary caregiver: \_\_\_\_\_  
Results/Comments: \_\_\_\_\_

**How would ThAIRapy Vest promote or allow greater independence?**

\_\_\_\_\_

**Does client have any of the following conditions?**

Suspected pulmonary tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lung contusion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complaint of chest wall pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	Subcutaneous emphysema	<input type="checkbox"/> Yes <input type="checkbox"/> No
Head &/or neck injury which is not yet stabilized	<input type="checkbox"/> Yes <input type="checkbox"/> No	Active hemorrhage with hemodynamic instability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent epidural spinal infusion or spinal anesthesia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recent skin grafts, or flaps on the thorax	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recently placed transvenous pacemaker or subcutaneous pacemaker	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Summary of health status (including severity and frequency of bronchitis):**

\_\_\_\_\_  
\_\_\_\_\_

Physician signature

Date